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EAST RIDING OF YORKSHIRE
COUNTY COUNCIL



ANNUAL REPORTS

of the

County Medical Officer

and

Principal School Medical Officer


For the Year 1967

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To the Chairman and Members of the County Council.

Sir John Dunnington-Jefferson, My Lords,
Ladies and Gentlemen.

I beg to submit my Annual Reports as County Medical Officer of Health and as Principal School Medical Officer for the year 1967. The reports show that the Health Services in the County are continuing to expand in accordance with the Committee's development programmes and within the limits allowed by financial and other considerations.

I would like to record my appreciation of the work which was done in developing the health service by my predecessor, Dr. R. Watson, who retired in May after serving the Council for twenty-four years.

In ^May, Dr. J. H. Maughan, Divisional Medical Officer and School Medical Officer, transferred from the Buckrose Health Division to the Holderness Health Division, and Dr. R. Schofield was appointed to the Buckrose Health Division in July.

The estimated mid-year population increased by 3,020 to 248,330. This increase was slightly lower than the average annual increase of 4,250 which has applied since the census in 1961. Approximately 80% of this increase took place in the southern part of the county. A total of 3,850 births were notified, 12 more than in 1966. There were 3,080 deaths, a decrease of 123 on the previous year's figures. This has resulted in the crude death-rate falling from 13.1 to 12.4.

The County's immunisation rate against diphtheria, whooping cough, tetanus and poliomyelitis has continued at a level well above the national average. For the ninth year in succession, there have been no cases of diphtheria, and no cases of poliomyelitis for the last three years.

The facilities for the training of mentally handicapped adults in the Training Centre in Beverley have been gradually improved and extended. The work carried out by the trainees has resulted in a very satisfactory financial return and is a credit to those responsible for undertaking the instruction. In addition, the social aspect of training has not been neglected, and considerable improvement in this respect has been attained.

The policy of attaching health visitors and domiciliary nursing sisters to work in association with general practitioners has gradually been extended into most parts of the County. There is no doubt that this closer link between the two services has helped general practitioners, and increased the personal and clinical interest of the health visiting and nursing staff in their patients, to their mutual benefit.

I should like to express my thanks to the Chairman and Members of the Health Committee for their continuing support and help in developing the Health Service, and also to all members of the staff for their loyal service.

I have the honour to be,

Your obedient servant,

Wm. FERGUSON,

County Medical Officer of Health.

County Hall,

BEVERLEY,

July 1968.

STAFF OF HEALTH AND SCHOOL MEDICAL DEPARTMENTS, 1967

COUNTY MEDICAL OFFICER AND PRINCIPAL SCHOOL MEDICAL OFFICER.

R. Watson, M.A., M.B., B.Ch., M.R.C.S., L.R.C.P., D.P.H. (to 18th May, 1967)

Wm. Ferguson, M.B., Ch.B., D.P.H. (from 19th May, 1967)
Tel. No.: Office, Beverley 881281; Home, Beverley 881410.

ACTING DEPUTY COUNTY MEDICAL OFFICER AND DEPUTY PRINCIPAL SCHOOL MEDICAL OFFICER

Wm. Ferguson, M.B., Ch.B., D.P.H. (to 18th May, 1967)

DIVISIONAL MEDICAL OFFICERS AND SCHOOL MEDICAL OFFICERS

Buckrose Health Division, Oxford Street, Bridlington. Tel. 5381.

J. H. Maughan, M.B., B.S., D.P.H. (to 18th May, 1967)

R. Schofield, M.D., Ch.B., D.P.H., D.C.H. (from 1st July, 1967)

Haltemprice Health Division, Anlaby House, Anlaby. Tel. 656445.

L. N. Gould, M.R.C.S., L.R.C.P., D.P.H.

Holderness Health Division, Manor Road, Beverley. Tel. 881281.

Wm. Ferguson, M.B., Ch.B., D.P.H. (to 18th May, 1967)

J. H. Maughan, M.B., B.S., D.P.H. (from 19th May, 1967)

Howdenshire Health Division, Burnby Lane, Pocklington. Tel. 3226.

W. Wilson, M.B., B.Sch., D.P.H.

SENIOR ASSISTANT MEDICAL OFFICER AND SCHOOL MEDICAL OFFICER.

Margaret L. Walker, M.B., B.S., D.P.H.

ASSISTANT MEDICAL OFFICERS AND SCHOOL MEDICAL OFFICERS.

WHOLE-TIME:

Patricia Gabb, M.B., Ch.B.

I. W. Sinclair, M.B., Ch.B.

Olive M. Sparrow, M.D., M.B., B.S.

PART-TIME:

Kathleen Abraham, M.B., Ch.B. (to 31st July, 1967)

Aileen P. M. Dring, M.B., B.S., D.Obst.R.C.O.G., D.P.H.

Janet S. Dann, M.B., Ch.B.

Shelia M. R. Dronfield, M.B., B.S.

Gillian Hoyle, M.B., Ch.B.

Shirley K. M. Kell, M.B., B.S., D.Obst.R.C.O.G.

Margaret McDougale, M.B., Ch.B., D.Obst.R.C.O.G.

Sally Morris, M.B., B.S.

Elizabeth McV. Redfern, M.B., Ch.B.

Cynthia M. Rosen, M.B., Ch.B. (to 31st March, 1967)

Jean M. West, M.B., Ch.B.

Jean F. Wilson, M.B., B.Ch., D.P.H.

PRINCIPAL DENTAL OFFICER.

G. R. Smith, L.D.S.

DENTAL OFFICERS.

WHOLE-TIME:

B. E. Carter, L.D.S. (from 6th November, 1967)

Miss J. M. Cripps, L.D.S.

C. H. Elphick, L.D.S.

P. J. Mordaunt, L.D.S. (from 1st August, 1967)

G. Pearson, L.D.S.

A. Russell, B.D.S.

S. Smullen, L.D.S. (to 30th June, 1967)

L. B. Wilson, L.D.S.

PART-TIME:

Mr. E. Beddoes, L.D.S.
 Mr. R. F. Coates, L.D.S.
 Mrs. U. Coates, L.D.S.
 Mrs. J. L. Stewart, B.D.S.
 Mrs. E. M. S. Ward, B.D.S.

DENTAL AUXILIARY.

Miss K. L. E. Hennessy

DENTAL HYGIENIST.

Miss M. A. Rennison

PUBLIC ANALYST.

R. T. Hunter, B.Sc., F.R.I.C.

COUNTY AMBULANCE OFFICER.

G. R. Gray, M.B.E., F.I.A.O.

MENTAL WELFARE OFFICERS.

S. Bateman
 W. Forward
 G. E. Howes
 J. Liptrot
 K. Powls
 A. Sunderland

EDUCATIONAL PSYCHOLOGIST.

R. Elwood, M.A., M.Ed.

PSYCHIATRIC SOCIAL WORKER.

Mrs. A. B. Godfrey, A.A.P.S.W. (part-time)

SOCIAL WORKER (CHILD GUIDANCE).

Miss S. Graham, Soc. Dip.

MENTAL HEALTH SOCIAL WORKER.

Mrs. E. McCreadie, R.M.N.

SPEECH THERAPISTS.

PART-TIME:

Mrs. I. M. Alder, L.C.S.T. (to 20th December, 1967)
 Mrs. M. R. Lee, L.C.S.T. (from 6th September, 1967)
 Mrs. H. P. Milner, L.C.S.T.
 Mrs. A. M. Nicholson, L.C.S.T.
 Miss M. Reynolds, L.C.S.T.
 Mrs. S. H. Rubinstein, L.C.S.T. (from 4th January, 1967)
 Mrs. E. Stone, L.C.S.T.
 Mrs. E. Waddington, L.C.S.T.

ORGANISER OF DOMESTIC HELP SERVICE.

Mrs. J. M. Atkinson.

SUPERINTENDENT NURSING OFFICER/NON-MEDICAL SUPERVISOR OF MIDWIVES.

Mrs. J. Stephenson, S.R.N., S.C.M., H.V.Cert., Q.N.S.

DEPUTY SUPERINTENDENT NURSING OFFICERS.

Miss B. M. Greenwood, S.R.N., S.C.M., H.V.Cert., Q.N.S.
 Miss R. Hepplestone, S.R.N., S.C.M., H.V.Cert., Q.N.S.

COUNTY DISTRICT NURSES AND MIDWIVES.

WHOLE-TIME STAFF:

- Mrs. E. Allison, S.R.N.
 Mrs. M. Anderson, S.R.N., S.C.M. (to 17th January, 1967)
 Mrs. J. M. Arthur, S.R.N., S.C.M., Q.N.S.
 Mrs. M. Asbridge, S.R.N., S.C.M., Q.N.S.
 Miss S. E. Bampton, S.R.N., S.C.M., Q.N.S. (to 31st October, 1967)
 Miss E. Beal, S.C.M., S.E.N.
 Miss P. Bennett, S.R.N., S.C.M. (to 2nd June, 1967)
 Mrs. M. Bilton, S.R.N., Q.N.S.
 Mrs. W. Blackburn, S.R.N., S.C.M., Q.N.S.
 Mrs. F. Boynton, S.R.N., S.C.M.
 Mrs. J. M. Bradford, S.R.N., S.C.M., Q.N.S.
 Miss K. Bratley, S.R.N., Q.N.S.
 Miss M. Brighton, S.R.N., S.C.M., Q.N.S.
 Mrs. B. Calcott, S.R.N., S.C.M., Q.N.S. (from 7th July, 1967)
 Miss D. J. Coates, S.R.N., S.C.M., Q.N.S.
 Mrs. M. Campey, S.R.N., Q.N.S.
 Miss H. Cole, S.R.N., S.C.M.
 Mrs. E. Coverdale, S.R.N., S.C.M.
 Mrs. M. Dale, S.R.N., S.C.M.
 Miss I. Derving, S.C.M., S.E.N.
 Mrs. M. E. C. Dickinson, S.R.N., Q.N.S.
 Miss B. Dolphin, S.R.N., S.C.M., Q.N.S.
 Mrs. E. Eyre, S.R.N., S.C.M., Q.N.S.
 Miss F. V. Fish, S.R.N., S.C.M.
 Mrs. E. Foster, S.R.N., S.C.M.
 Miss J. E. Found, S.R.N., S.C.M., Q.N.S.
 Mrs. P. French, S.R.N., Q.N.S.
 *Mrs. F. M. Hagyard, S.R.N., S.C.M., Q.N.S. (to 2nd October, 1967)
 Mrs. B. A. Hall, S.R.N., S.C.M. (to 12th October, 1967)
 Miss E. Hall, S.R.N., Q.N.S.
 Miss M. Hallam, S.R.N., Q.N.S.
 Miss M. E. Hodgson, S.R.N., S.C.M., Q.N.S.
 Miss D. E. Holden, S.R.N., Q.N.S.
 Mrs. S. Holt, S.R.N. (from 7th December, 1967)
 Miss E. Hutchinson, S.R.N., S.C.M., Q.N.S.
 Mrs. E. Lenderyou, S.R.N., Q.N.S.
 Mrs. M. Merriman, S.R.N., S.C.M., Q.N.S.
 Miss O. K. Neal, S.R.N., S.C.M., Q.N.S.
 Miss C. J. Peacock, S.R.N., S.C.M., Q.N.S.
 Miss H. Phillips, S.R.N., S.C.M., Q.N.S.
 Mrs. J. M. Rich, S.R.N., S.C.M. Q.N.S. (from 1st February to 7th October, 1967)
 Miss G. Rider, S.R.N., S.C.M., Q.N.S.
 Miss W. A. Robinson, S.R.N., S.C.M. (to 10th June, 1967)
 Mrs. E. Rozenbroek, S.R.N., S.C.M., Q.N.S.
 Mrs. R. Russell, S.R.N., Q.N.S.
 Mrs. M. L. Sawyer, S.R.N., S.C.M. (from 1st February, 1967)
 Mrs. E. E. Scrase, S.R.N.
 Mrs. P. Shearer, S.R.N., Q.N.S.
 Miss M. Spavin, S.R.N., S.C.M., Q.N.S.
 Mrs. G. M. Spiegth, S.C.M.
 Miss J. R. Stabeler, S.R.N., S.C.M. (from 2nd January to 30th September, 1967)
 Mrs. A. B. Steer, S.R.N., S.C.M., Q.N.S.
 Mrs. V. Stockdale, S.R.N., Q.N.S.
 Mrs. H. Tallet, S.R.N., Q.N.S. (from 4th December, 1967)
 Miss J. M. Taylor, S.R.N., S.C.M.
 Miss K. B. von Pranckh, S.R.N., S.C.M. (to 3rd April, 1967)
 Mrs. M. Walton, S.R.N., Q.N.S.
 Miss M. Warcup, S.R.N., S.C.M., Q.N.S.
 Miss E. Warder, S.R.N., S.C.M.
 Mrs. H. Watson, S.R.N., S.C.M.
 Mrs. D. Weston, S.R.N., S.C.M., Q.N.S.
 Miss G. Y. Whincup, S.R.N., S.C.M., Q.N.S.
 *Miss D. Wilkinson, S.R.N., S.C.M., Q.N.S. (to 2nd October, 1967)

**Seconded for health visiting training.*

Miss E. E. Wilson, S.R.N., S.C.M., Q.N.S.
 Miss J. M. Wilson, S.R.N., Q.N.S.
 Mrs. M. Wood, S.R.N., S.C.M., Q.N.S.
 Mrs. D. Wylie, S.R.N., S.C.M., Q.N.S.

PART-TIME STAFF:

Mrs. N. Fisher, S.R.N., S.C.M.
 Mrs. G. E. Leng, S.R.N.

DISTRICT NURSES, MIDWIVES, HEALTH VISITORS.

Miss M. Ahamer, S.R.N., S.C.M., Q.N.S., H.V.Cert. (to 28th July, 1967)
 Mrs. E. Allman, S.R.N., S.C.M., Q.N.S., H.V.Cert.
 Miss M. F. Miles, S.R.N., S.C.M., Q.N.S., H.V.Cert.
 Miss E. B. Mountain, S.R.N., S.C.M., Q.N.S., H.V.Cert.

HEALTH VISITORS AND SCHOOL NURSES.

WHOLE-TIME STAFF:

Miss E. Binley, S.R.N., S.C.M., H.V.Cert.
 Miss E. M. Blackburn, S.R.N., S.C.M., H.V.Cert.
 Mrs. A. Bramley, S.R.N., S.C.M., H.V.Cert.
 Miss H. W. Brigham, S.R.N., S.C.M., H.V.Cert.
 Miss L. I. Broadhurst, S.R.N., S.C.M., H.V.Cert.
 Miss M. K. Clarkson, S.R.N., S.C.M., H.V.Cert.
 Miss M. Coates, S.R.N., S.C.M., H.V.Cert.
 Mrs. C. A. L. N. Cole, S.R.N., S.C.M., H.V.Cert.
 Miss F. H. Collier, S.R.N., S.C.M., H.V.Cert.
 Miss C. Connolly, S.R.N., S.C.M., H.V.Cert.
 Miss I. M. Darley, S.R.N., H.V.Cert.
 Mrs. B. Edwards, S.R.N., S.C.M., H.V.Cert.
 Miss C. C. Edwards, S.R.N., S.C.M., H.V.Cert.
 Miss L. Evans, S.R.N., S.C.M., R.F.N., H.V.Cert.
 Miss P. Fenton, S.R.N., S.C.M., H.V.Cert.
 Mrs. W. M. Greysmith, S.R.N., S.C.M., H.V.Cert.
 Miss A. Hewitt, S.R.N., S.C.M., H.V.Cert.
 Miss E. M. Holden, S.R.N., S.C.M., H.V.Cert.
 Miss D. Hunt, S.R.N., S.C.M., H.V.Cert.
 Miss B. Jessop, S.R.N., S.C.M., H.V.Cert.
 Miss D. H. Lemar, S.R.N., S.C.M., H.V.Cert.
 Miss G. T. McAllister, S.R.N., S.C.M., H.V.Cert.
 Mrs. L. W. Milner, S.R.N., S.C.M., H.V.Cert.
 Mrs. J. M. Morris, S.R.N., S.C.M., H.V.Cert.
 Miss S. Munday, S.R.N., S.C.M., H.V.Cert.
 Miss M. M. Reid, S.R.N., S.C.M., H.V.Cert.
 Miss C. E. Richtering, S.R.N., S.C.M., H.V.Cert.
 Mrs. E. M. Skipp, S.R.N., H.V.Cert. (from 20th November, 1967)
 Miss S. Staveley, S.R.N., H.V.Cert. (from 25th September, 1967)
 Mrs. B. I. C. Styles, S.R.N., S.C.M., H.V.Cert.
 Miss M. Taylor, S.R.N., S.C.M., H.V.Cert.
 Miss K. H. Thompson, S.R.N., H.V.Cert.
 Miss J. F. Tillotson, S.R.N., H.V.Cert.
 Mrs. L. Whipp, S.R.N., S.C.M., H.V.Cert.
 Miss A. Wood, S.R.N., S.C.M., H.V.Cert.

PART-TIME STAFF:

Mrs. J. M. Cheeseman, S.R.N., H.V.Cert.
 Miss P. M. Scales, S.R.N.

STUDENT HEALTH VISITORS—Two.

Medical Officers of Health of the several Local Authorities

Local Authority	Name of Medical Officer
MUNICIPAL BOROUGHS	
Beverley	W. Ferguson, M.B., Ch.B., D.P.H. (to 18th May, 1967) J. H. Maughan, M.B., B.S., D.P.H. (from 19th May, 1967)
Bridlington.....	J. H. Maughan, M.B., B.S., D.P.H. (to 18th May, 1967) R. Schofield, M.D., Ch.B., D.P.H., D.Ch. (from 1st July, 1967)
Hedon.....	W. Ferguson, M.B., Ch.B., D.P.H. (to 18th May, 1967) J. H. Maughan, M.B., B.S., D.P.H. (from 19th May, 1967)
URBAN DISTRICTS	
Driffield	J. H. Maughan, M.B., B.S., D.P.H. (to 18th May, 1967) R. Schofield, M.D., Ch.B., D.P.H., D.Ch. (from 1st July, 1967)
Filey	J. H. Maughan, M.B., B.S., D.P.H. (to 18th May, 1967) R. Schofield, M.D., Ch.B., D.P.H., D.Ch. (from 1st July, 1967)
Haltemprice.....	L. N. Gould, M.R.C.S., L.R.C.P., D.P.H.
Hornsea	W. Ferguson, M.B., Ch.B., D.P.H. (to 18th May, 1967) J. H. Maughan, M.B., B.S., D.P.H. (from 19th May, 1967)
Norton	W. Wilson, M.B., B.Ch., D.P.H.
Withernsea.....	F. R. Cripps, M.D., D.P.H.
RURAL DISTRICTS	
Beverley	W. Ferguson, M.B., Ch.B., D.P.H. (to 18th May, 1967) J. H. Maughan, M.B., B.S., D.P.H. (from 19th May, 1967)
Bridlington.....	P. D. H. Chapman, M.B., B.Ch., M.R.C.S., L.R.C.P.
Derwent	W. Wilson, M.B., B.Ch., D.P.H.
Driffield	J. H. Maughan, M.B., B.S., D.P.H. (to 18th May, 1967) R. Schofield, M.D., Ch.B., D.P.H., D.Ch. (from 1st July, 1967)
Holderness.....	F. R. Cripps, M.D., D.P.H.
Howden	W. Wilson, M.B., B.Ch., D.P.H.
Norton	W. Wilson, M.B., B.Ch., D.P.H.
Pocklington	W. Wilson, M.B., B.Ch., D.P.H.

REPORT OF THE COUNTY MEDICAL OFFICER OF HEALTH

Section 1. – Vital Statistics

GENERAL STATISTICS

Area	735,963 acres
Rateable value (as at 1st April, 1967)	£7,782,314
Product of a penny rate	£31,209

POPULATION

Districts	Census, 1961	Estimated	
		1966	1967
Administrative County	224,031	245,310	248,330
Urban Districts	114,086	123,810	125,030
Rural Districts	109,945	121,500	123,300

Since the Census of 1961 the estimated population has shown a rise of 24,299, an average yearly increase of approximately 4,050 persons. This rate of increase is considerably higher than the one which applied for the five years preceding 1961, when the average yearly increase was only approximately 1,250. Only to a limited extent can the growth in the last six years be attributed to the increased number of births; most of it is accounted for by increased building and the movement of population into the area.

BIRTHS AND BIRTH RATES

Birth rate per 1,000 of the Population

Year	Urban Districts	Rural Districts	Administrative County
1901—1910	24.0	23.8	23.5
1911—1920	19.3	20.8	20.3
1921—1930	16.6	18.8	17.9
1931—1940	14.4	14.9	14.8
1941—1950	17.2	17.2	17.2
1951	14.1	14.8	14.5
1952	14.6	15.2	14.9
1953	14.8	15.3	15.0
1954	14.0	14.4	14.2
1955	13.8	13.8	13.8
1956	14.1	14.8	14.4
1957	14.7	15.4	15.0
1958	14.2	14.4	14.3
1959	14.8	15.1	15.0
1960	15.8	15.2	15.5
1961	16.3	15.6	15.9
1962	16.0	16.7	16.3
1963	16.8	16.7	16.7
1964	16.3	17.0	16.7
1965	16.3	16.7	16.5
1966	15.5	15.7	15.6
1967	15.1	15.9	15.5

*Average rate per 10 year period.

The live birth-rate for the County was 15.5 as compared with 15.6 for 1966. The provisional rate for England and Wales for 1967 was 17.2 per thousand population, and to compare the East Riding rate with this figure, use has to be made of the comparability factor which takes into consideration the age and sex constitution of the County. When this factor is applied to the crude birth-rate for the County of 15.5, the adjusted rate so obtained is 16.27.

There were 3,850 live births and 59 stillbirths registered for the County during the year, making a total of 3,909, an increase of 12 on the 1966 figures. Of these births, 436 live births and 8 stillbirths took place outside the County.

The number of births notified by hospitals, practitioners and midwives was 6,615 live births and 97 stillbirths, a total of 6,712. In addition, 10 live births and 2 stillbirths were notified by Registrars. Of these births 3,227 live births and 50 stillbirths were to women who were normally resident outside the County and the details were transferred to their home areas.

STILLBIRTHS

The stillbirths which were registerable in the County numbered 59, the same as the previous year. The stillbirth rate was 15.1 per 1,000 total births. In 1966 this rate was 15.1 and in 1965 it was 13.9. The provisional rate for England and Wales for 1967 was 14.8.

ILLEGITIMATE LIVE BIRTHS

Number of Illegitimate Live Births in the County:

Year	Urban Districts	Rural Districts	Administrative County
1950	87	93	180
1951	75	78	153
1952	62	79	141
1953	66	58	124
1954	61	55	116
1955	54	57	111
1956	67	47	114
1957	47	64	111
1958	42	59	101
1959	66	57	123
1960	60	66	126
1961	65	72	137
1962	83	82	165
1963	85	90	175
1964	83	82	165
1965	121	84	205
1966	114	82	196
1967	119	87	206

There were 206 illegitimate live births, 10 more than in 1966.

The illegitimate live birth rate was 0.83 per 1,000 of the population, compared with 0.80 in the previous year.

The number of illegitimate live births in the County was 5.3% of the total live births.

DEATH RATES FROM ALL CAUSES (ALL AGES)
per 1,000 of the Population

Year	Urban Districts	Rural Districts	Administrative County
1901—1910	15.1	13.2	13.7
1911—1920	14.6	12.9	13.6
1921—1930	13.2	11.6	12.2
1931—1940	13.0	11.6	12.3
1941—1950	12.9	11.1	12.0
1951	13.7	11.2	12.4
1952	12.3	10.6	11.4
1953	13.2	11.0	12.1
1954	13.9	10.9	12.4
1955	13.6	10.6	12.1
1956	13.8	11.1	12.4
1957	13.7	10.6	12.2
1958	13.7	11.5	12.6
1959	13.7	10.9	12.3
1960	13.4	11.1	12.2
1961	14.6	11.6	13.1
1962	14.0	11.0	12.5
1963	14.1	11.6	12.9
1964	13.9	10.5	12.2
1965	14.7	10.6	12.7
1966	14.9	11.1	13.1
1967	13.9	10.9	12.4

*Average rate per 10 year period.

There were 3,080 deaths registered for the County in 1967, a decrease of 123 on the figure for the previous year. This gives a death-rate of 12.4 per 1,000 of the population, as compared with 13.1 in 1966. The application of the comparability factor to this crude rate gives a rate of 11.04 compared with the provisional rate for England and Wales for 1967 which was 11.2. The rate for England and Wales for 1966 was 11.7.

Of the total deaths, 72.6% occurred in people aged 65 and over and 47.3% in people aged over 75.

The principal causes of death were heart diseases (1,085), cancer (567) and vascular lesions of the nervous system (462). These three causes accounted for 68.6% of the deaths, as compared with 67.4% in 1966.

The 1,085 deaths due to heart diseases were 29 less than in 1966 and represent a rate of 4.4 per thousand population.

Compared with 1966 the number of deaths attributed to cancer decreased slightly from 586 to 567, the rate per thousand population changing from 2.39 to 2.28. The total number of deaths attributable to cancer of the lungs and bronchus was 123 compared with 121 in 1966. The death-rate from this cause remained at 0.49 per 1,000 population.

For all other forms of cancer the death-rate per thousand has fallen from 1.90 to 1.78. The number of deaths from cancer of the stomach fell from 65 to 48; deaths from cancer of the uterus increased from 22 to 25, the deaths from cancer of the breast fell from 72 to 49. Deaths from leukaemia increased from 15 to 28 this year.

The following table sets out the deaths from all causes in grouped diseases distributed according to the various age groups:

Age Group	Infectious Disease (including Syphilis)		Tuberculosis		Malignant Disease		Heart and Circulatory Diseases		Respiratory Diseases (including influenza)		Intestinal Diseases		Violence		All Other Causes		All Causes	
	Deaths	%	Deaths	%	Deaths	%	Deaths	%	Deaths	%	Deaths	%	Deaths	%	Deaths	%	Deaths	%
0—	—	—	—	—	—	—	—	—	13	4.1	—	—	2	1.3	45	14.0	60	1.9
1—	—	—	—	—	3	0.5	1	0.1	5	1.7	—	—	4	2.5	1	0.3	14	0.4
5—	—	—	—	—	1	0.2	—	—	1	0.3	—	—	2	1.3	4	1.2	8	0.3
15—	—	—	—	—	3	0.5	—	—	3	0.9	—	—	18	11.2	5	1.6	29	1.0
25—	—	—	—	—	7	1.2	7	0.4	3	0.9	—	—	13	8.1	4	1.2	33	1.1
35—	—	—	—	—	14	2.5	8	0.4	4	1.3	3	8.3	16	10.0	10	3.1	55	1.8
45—	1	14.3	—	—	47	8.3	70	4.2	22	6.9	5	13.9	12	7.5	15	4.7	172	5.6
55—	1	14.3	2	50.0	140	24.7	233	14.0	37	11.7	5	13.9	25	15.6	31	9.7	474	15.4
65—	3	42.8	—	—	170	30.0	447	26.8	78	24.6	7	19.4	19	11.9	54	16.8	778	25.3
75—	2	28.6	2	50.0	182	32.1	903	54.1	151	47.6	16	44.5	49	30.6	152	47.4	1,457	47.2
Totals	7	—	4	—	567	—	1,668	—	317	—	36	—	160	—	321	—	3,080	—

Of the 567 deaths due to cancer, 314 occurred in urban areas and 253 in rural areas, corresponding respectively to rates of 2.51 and 2.03 per thousand population.

Motor vehicle and other accidents were responsible for 130 deaths. In 1966 deaths from these two causes numbered 121.

The following table shows the figures for the various causes of death for the year 1967:

Cause of Death	No. of deaths		
	Male	Female	Total
Tuberculosis, respiratory.....	3	1	4
Tuberculosis, other forms	—	—	—
Syphilitic disease	1	2	3
Diphtheria	—	—	—
Whooping cough	—	—	—
Meningococcal infection	—	—	—
Acute poliomyelitis	—	—	—
Measles	—	—	—
Other infective diseases.....	3	1	4
Cancer of stomach.....	31	17	48
Cancer of lungs, bronchus.....	102	21	123
Cancer of breast.....	—	49	49
Cancer of uterus.....	—	25	25
Cancer, other forms.....	157	137	294
Leukaemia, aleukaemia	15	13	28
Diabetes	9	8	17
Vascular lesions of nervous system...	200	262	462
Coronary disease, angina.....	429	260	689
Hypertension with heart disease	11	14	25
Other heart disease.....	152	219	371
Other circulatory disease.....	45	76	121
Influenza	1	1	2
Pneumonia	79	88	167
Bronchitis	98	32	130
Other diseases of respiratory system..	11	7	18
Ulcer of stomach and duodenum....	18	6	24
Gastritis, enteritis and diarrhoea....	7	5	12
Nephritis and nephrosis.....	4	7	11
Hyperplasia of prostate.....	18	—	18
Pregnancy, childbirth and abortion..	—	1	1
Congenital malformations.....	9	10	19
Other diseases	113	142	255
Motor vehicle accidents.....	38	11	49
All other accidents.....	39	42	81
Suicide	20	7	27
Homicide	1	2	3
Totals	1,614	1,466	3,080

DEATHS AMONGST CHILDREN UNDER ONE YEAR

Death rate amongst Infants per 1,000 Live Births

Year	Urban Districts	Rural Districts	Administrative County
1901—1910	114	107	110
1911—1920	84	81	82
1921—1930	59	63	61
1931—1940	50	53	51
1941—1950	40	39	39
1951	30	26	28
1952	27	21	24
1953	26	28	27
1954	23	23	23
1955	26	22	24
1956	27	22	24
1957	23	19	21
1958	20	24	22
1959	19	17	18
1960	19	19	19
1961	17	16	17
1962	16.9	17.9	17.4
1963	17.9	23.9	20.8
1964	17.9	18.5	18.2
1965	18.0	18.1	18.1
1966	18.2	21.4	19.8
1967	14.3	16.8	15.6

*Average rate per 10 year period.

There were 60 deaths of children under the age of one year in 1967, 16 less than in 1966. The infant mortality rate was 15.6 per 1,000 live births. The provisional rate for England and Wales for 1967 was 18.3 compared with 19.0 in 1966.

The distribution of infant deaths between various primary causes is shown in the following table:

Primary cause of Death	URBAN DISTRICTS			RURAL DISTRICTS			ADMINISTRATIVE COUNTY		
	Age at death		Total	Age at death		Total	Age at death		Total
	Under 4 weeks	4 weeks to one year		Under 4 weeks	4 weeks to one year		Under 4 weeks	4 weeks to one year	
Malignant diseases	—	—	—	—	—	—	—	—	—
Influenza	—	—	—	—	—	—	—	—	—
Pneumonia	—	5	5	1	5	6	1	10	11
Congenital									
Malformations	5	2	7	4	2	6	9	4	13
Accidents	—	1	1	—	1	1	—	2	2
Respiratory diseases ..	—	1	1	—	1	1	—	2	2
Gastritis, Enteritis and Diarrhoea	—	—	—	—	—	—	—	—	—
Other Causes	12	1	13	19	—	19	31	1	32
Totals	17	10	27	24	9	33	41	19	60

Of the 60 infant deaths, 41 occurred in the neo-natal period, that is before the baby was four weeks old. In 23 cases death was associated with prematurity, representing 38% of all the infant deaths.

Deaths which take place within the first week after birth and stillbirths are classified as perinatal deaths. Most are due to causes which operate during the ante-natal period and during the actual process of birth. In 1967 the number of these perinatal deaths was 98 (made up of 59 stillbirths and 39 infant deaths) and represented a rate of 25·1 per 1,000 total births. In 1966 this rate was 28·2.

The perinatal death-rate for England and Wales in 1967 was 25·4.

STATISTICS RELATING TO MOTHERS AND INFANTS

The vital statistics relating to mothers and infants are summarised below:

Live Births	
Number	3,850
Rate per 1,000 population	15·50
Illegitimate Live births (per cent of total live births) ..	5·35
Stillbirths	
Number	59
Rate per 1,000 total live and still births	15·09
Total Live and Still Births	3,909
Infant Deaths (deaths under one year)	60
Infant Mortality Rates	
Total infant deaths per 1,000 total live births	15·58
Legitimate infant deaths per 1,000 legitimate live births	14·56
Illegitimate infant deaths per 1,000 illegitimate live births	33·98
Neo-natal Mortality Rate (deaths under four weeks per 1,000 total live births)	10·65
Early Neo-natal Mortality Rate (deaths under one week per 1,000 total live births)	10·14
Perinatal Mortality Rate (stillbirths and deaths under one week combined per 1,000 total live and still births)	25·07
Maternal Mortality (including abortion)	
Number of deaths	1
Rate per 1,000 total live and still births	0·25

Section 2. – Local Health and other Services

THE CARE OF MOTHERS AND YOUNG CHILDREN

ANTE-NATAL CARE

Women obtain their ante-natal care from hospitals or from their family doctors and the domiciliary midwives, as may be appropriate.

Irrespective as to whether they are hospital or domiciliary bookings all women can attend the sessions provided in clinics in various parts of the County which give ante-natal and mothercraft instruction, including the teaching of relaxation.

Details of attendances at the various instruction classes which were in operation are shown in the following table:

Clinic	No. of sessions	No. of new attenders	No. of women attending	No. of attendances
Anlaby.....	52	90	99	651
Barlby.....	39	23	23	133
Beverley.....	90	136	146	830
Bridlington.....	52	48	51	283
Brough.....	47	70	76	537
Cottingham.....	48	76	86	490
Driffield.....	39	20	20	131
Hessle.....	56	70	81	502
Hornsea.....	48	32	40	227
Leven.....	22	18	18	160
Market Weighton....	18	16	19	80
Pocklington.....	32	25	25	165
Preston*.....	2	2	2	4
Thorngumbald.....	49	43	45	433
Totals.....	594	669	731	4,626

*Class closed during the year.

POST-NATAL CARE

In most cases post-natal care is provided by family doctors, but post-natal clinics are also held in maternity hospitals for those patients who have been confined in these institutions.

CONGENITAL MALFORMATIONS

In order that statistics relating to congenital malformations can be obtained on a national basis, arrangements are made for the appropriate information to be entered on the official notification of birth card whenever a new-born infant appears to have any congenital defects. In most instances the information is supplied by the midwife who completes the birth notification card; this is usually sufficient to provide the details required by the Registrar General, but in a number of cases further enquiry is made from the family doctor. During the year 107 abnormalities were reported affecting 89 infants.

Of the 107 congenital defects noted, 21 were defects of the central nervous system and 36 defects of limbs, of these two-thirds being due to minor degrees of club foot.

Of the 89 infants reported as having some congenital defect, 20 were stillborn and 13 are known to have died.

“AT RISK” REGISTER

An ‘at risk’ register has been kept in each Divisional Health Office in the County since 1963. This register is a record of all those children in whom the ante-natal or confinement history of the mother, or the immediate post-natal history of the child, indicates that one or more condition has existed which could result in the development of some abnormality in the child in later life.

The number of names on the registers has increased substantially since their inception, and there are now some 1,430 children scheduled as ‘at risk’. Of these some 472 were added to the register during 1967 and 309 were removed as no longer ‘at risk’.

The value of the system used to compile the ‘at risk’ register namely, the completion of a questionnaire by a district nurse or health visitor from which a medical officer decides whether a child should be ‘at risk’ has been questioned. In an endeavour to improve the present system it has been decided that the criteria for including names on the register should in future be more stringently applied and that there should be fewer of them.

MATERNAL MORTALITY

One maternal death occurred in the County during the year.

ANTE-NATAL AND POST-NATAL HOSTELS

The Authority has accepted responsibility for 20 unmarried mothers who have been admitted to accommodation in hostels provided by the York Diocesan Council for Family Welfare and by other Bodies.

DENTAL CARE

The need to interest expectant and nursing mothers in the importance of dental care both for themselves and for their children has continued to be brought specially to the notice of health visitors and midwives. The dental hygienist visits ante-natal instruction and mothercraft classes to give advice and demonstrations.

Details of the work carried out for mothers and young children by the County dental service are as follows:

	No. given first inspections	No. requiring treatment	No. of visits for treatment		Treatments completed during year
			First visits	Subsequent visits	
Expectant and Nursing Mothers	23	23	25	59	18
Children under 5	661	217	188	205	187

Forms of the dental treatment provided:

	Expectant and Nursing Mothers	Children under five
Extractions	59	214
General Anæsthetics	3	74
Fillings	57	337
Scalings.....	6	39
Other conservatory treatment	—	70
Radiographs	—	2
Dentures Provided:		
Full Upper or Lower	3	—
Partial Upper or Lower.....	4	—
Crowns or Inlays	—	—

FAMILY PLANNING SERVICE

As a result of the National Health Service Family Planning Act, 1967, the provision of this service throughout the County was reviewed by the Health Committee. Prior to this Act the Family Planning Association provided clinics at four centres, namely, Beverley, Driffield, Bridlington and Pocklington in County clinic premises.

Following the receipt of Circular 15/67, which described the implications arising from the new Act, proposals for providing a family planning service under the Family Planning Act, 1967 were discussed with the Local Medical Committee, the Hospital Authorities, and the local branch of the Family Planning Association. As a result of these discussions the County Council decided that, subject to suitable financial arrangements being made, the Family Planning Association should be appointed to act as their agents for the purpose of this Act, and that the existing facilities should be extended into other areas of the County as soon as suitable arrangements could be made.

It is envisaged that in addition to the present clinics a service will be provided in Haltemprice, Hornsea, Thorngumbald, Fulford, Withernsea and the Humber Bank area. When these centres have been opened the County will be adequately served with family planning facilities, but the rate of this development will obviously be governed by financial considerations and the availability of staff to undertake these new clinics.

It is proposed that an appropriate charge should be made for the prescription and supplies of drugs and appliances in non-medical cases, except in the case of persons who are in receipt of a supplementary allowance from the Ministry of Social Security, or in other cases of hardship.

All medical cases will receive this service free of charge, and the decision as to which cases come into this category will be left to the doctor conducting each clinic.

With regard to advice and treatment for the unmarried, no distinction will be drawn, but doctors in charge of family planning clinics will have discretion as to whether advice or treatment should be provided in individual cases.

The health visitors and district nurse/midwives have been requested to provide any necessary advice about attendance at family planning clinics in the course of their domiciliary work. Where necessary a doctor will carry out a domiciliary visit in connection with the Family Planning Service when it is not possible for a patient to attend a clinic.

INFANT WELFARE CENTRES

Compared with 1966 there has been an increase of 358 in the number of children attending, but a decrease of 415 in the total number of attendances at infant welfare centres. The number of children born in 1967 who attended at centres was 2,544. This represents 66% of the registered live births in the County.

The mobile clinic which was brought into use in 1965 has continued to give useful service and to be popular with both patients and with the staff. It has been visiting 35 sites at monthly or fortnightly intervals and 1,229 children have paid 6,599 visits to it.

At the end of the year forty-three infant welfare centres were operating in County clinics or in hired halls and a total of 169 infant welfare sessions were being held each month.

General practitioners are taking an increasing interest in infant welfare work. Six practitioners undertake sessions for the Local Health Authority at Council clinics, the members of two practices take advantage of the Council's offer of clinic premises in which to provide an infant welfare service for their own patients, and several practices arrange for special infant welfare sessions in their own surgeries. Health visitors made 133 attendances at welfare sessions of this type.

Two new health services clinics were opened, one in Beverley and the other at Thorngumbald. The general practitioners in the Thorngumbald area have indicated that they wish to use this clinic for branch surgery purposes, and negotiations were started between the Council and the practitioners to this end.

PREMATURE INFANTS

If an infant at birth weighs $5\frac{1}{2}$ lbs. or less, it is presumed to be premature, and on this basis 225 premature live births and 38 premature stillbirths have occurred. Of these 202 live births and 33 stillbirths occurred among infants born in hospitals and 23 live births and 5 stillbirths in the mothers' own homes, or in private nursing homes. Five of the infants born in their mothers' own homes or in a nursing home were transferred to hospitals.

Of the 225 premature infants born alive, 17 died before they were twenty-four hours old, 13 died when between one and seven days old, and one died between seven and twenty-eight days. Twenty-one who died were 4 lb. 6 oz. or less in weight at birth.

Of all births 6.4 were regarded as being premature as compared with 6.1% in 1966. Of the domiciliary births, 5.2 were premature as compared with 4.0% in the previous year.

Particulars of the work carried out during the year at the infant welfare centres in the County are given in the following table:

Name of Centre	Frequency of Sessions	Number of children who attended during the year and who were born in			Number of attendances during year	
		1967	1966	1962-1965	Total	Average
Aldbrough	Every 4 weeks	13	8	42	425	33
Anlaby	Twice weekly	169	144	233	3,650	36
Barlby	Fortnightly	26	24	10	456	18
Beverley	Twice weekly	100	93	34	2,150	33
Beverley, Coltman Ave.	Weekly	28	1	5	657	18
Bilton	Fortnightly	46	107	89	1,201	50
Bishop Burton	Every 4 weeks	5	7	5	102	20
Brandesburton	Every 4 weeks	10	8	17	190	16
Bridlington	Twice weekly	225	191	97	3,139	31
Bridlington (West Hill).	Every 4 weeks	13	12	8	75	6
Brough	Weekly	118	87	23	2,157	42
Cottingham	Twice weekly	187	186	263	4,772	46
Driffeld	Weekly	81	62	19	995	20
Driffeld(R.A.F.Station)	Fortnightly	33	27	5	383	15
Dunnington	Every 4 weeks	30	16	17	282	23
Elvington	Every 4 weeks	16	18	39	230	19
Filey	Every 4 weeks	63	36	62	1,032	41
Flamborough	Fortnightly	26	14	11	540	21
Flixton	Every 4 weeks	5	7	12	143	13
Hedon	Fortnightly	13	18	42	390	16
Hemingbrough	Every 4 weeks	21	13	19	210	16
Hessle	Twice weekly	189	216	190	4,849	48
Holme upon Spalding Moor	Fortnightly	13	11	25	357	14
Hornsea	Weekly	85	93	170	2,644	55
Howden	Every 4 weeks	17	12	9	164	14
Hunmanby	Fortnightly	20	28	15	509	20
Keyingham.....	Fortnightly	39	36	23	973	39
Leconfield (R.A.F. Station)	Fortnightly	28	28	28	406	17
Leven	Every 4 weeks	33	18	28	342	26
Little Weighton	Every 4 weeks	16	5	32	218	16
Long Riston.....	Every 4 weeks	8	1	8	34	4
North Cave	Fortnightly	19	19	33	432	17
North Ferriby	Fortnightly	53	35	93	998	38
Norton	Fortnightly	39	33	32	702	28
Rillington	Every 4 weeks	8	13	24	187	16
Sherburn.....	Every 4 weeks	15	14	12	191	15
Skidby.....	Every 4 weeks	15	20	36	360	28
Thorngumbald.....	Weekly	49	73	96	1,714	33
Walkington	Every 4 weeks	9	7	23	123	10
Warter	Every 4 weeks	5	7	8	119	10
Welton	Every 4 weeks	13	7	22	218	17
Willerby	Weekly	135	146	161	3,055	60
Withernsea	Weekly	56	77	58	1,831	35
Woodmansey.....	Every 4 weeks	2	3	10	68	7
Mobile Clinic		450	377	402	6,599	14
Totals		2,544	2,358	2,590	50,272	—

A portable incubator is kept ready for instant use at the Beverley ambulance station should premature infants require to be moved from their homes to hospital, or from one hospital to another. Another portable incubator is maintained at the Fulford Maternity Hospital and use can also be made if required of the specially equipped ambulance maintained by the Kingston upon Hull authority.

CARE OF THE UNMARRIED MOTHER AND HER CHILD

All requests for help for unmarried mothers are referred to the social worker appointed by the York Diocesan Council for Family Welfare. The Association undertakes this work for the County Council and, in all, during the year they have helped 235 girls and women of whom 199 were new applicants (25 of the 199 girls were under 18 at the time of referral).

The County Council accepted responsibility for the admission of 20 mothers to Mother and Baby hostels.

215 of the 235 cases seen by the social worker have been completed with the following results:

Mothers returned home with child.....	98
Babies placed for adoption	87
Babies placed in nursery or foster home	8
Babies died or stillborn	12
Mothers left the area before birth of baby.....	10

DISTRIBUTION OF WELFARE FOODS

The running of this service continues to involve a considerable amount of work, but the help given by the Women's Royal Voluntary Service has again been extremely reliable and valuable. This organisation has dealt entirely with the distribution of the foods in Anlaby, Cottingham, Driffeld, Filey, Hedon, Hessle, Hornsea, Norton, Pocklington and Willerby. The help given by 57 voluntary distributors in the villages has also been very much appreciated.

The amounts of the various foods distributed during the year were:

National Dried Milk.....	11,795 tins
Cod Liver Oil.....	3,162 bottles
Orange Juice	48,090 bottles
Vitamin Tablets.....	2,468 packets

HEALTH VISITING

The health visiting staff consisted of thirty-eight health visitor/school nurses, three of whom also undertake district nursing and midwifery as part of their routine duties. In addition one health visitor was employed doing part-time work as a health visitor/school nurse.

Two student health visitors received training and six health visitors attended refresher courses.

Details of the work done by the health visitors are set out below:

Visits to expectant mothers—	
First visits.....	625
Subsequent visits	313
Visits to infants born in 1967—	
First visits.....	3,653
Subsequent visits	15,056
Visits to children born in 1966	15,669
Visits to children born in 1962 to 1965 ..	26,990
Visits to tuberculosis cases	278
Visits to mentally disordered.....	258
Visits to aged persons.....	7,969
Visits for care and after-care.....	753
Visits for infectious disease	223
Visits for other reasons	1,970

Health visitors have continued the routine testing of the urine of young infants with a view to the early diagnosis of phenylketonuria. Tests were carried out by health visitors on 3,350 infants but no cases of this condition were found.

Co-operation between health visitors and general practitioners

Increasing importance has been given to the development of a close working relationship between health visitors and general practitioners. I do not favour the term “attachment” in this context as a health visitor will always have some duties which are primarily the responsibility of the Local Health Authority.

This arrangement by which health visitors work in daily association with groups of doctors has been developing throughout the County during the past three/four years, and is now functioning in most areas to the mutual satisfaction of both parties and, one hopes, to the benefit of the patient.

No pressure has been required to obtain the co-operation of general practitioners who have been quite unanimous in their appreciation of the value of a health visitor properly used in their practice. A number of those practitioners who were not sure in the first place how health visitors could help them in their work have recently requested that arrangements should be made to enable them to have a health visitor “attached” to their practice.

This development has inevitably meant that health visitors no longer work in circumscribed areas, and a certain amount of overlapping may result. This has not led to any appreciable increase in travelling time, and in one practice in an urban area where more than one health visitor is working with a group of practitioners, the practice has been divided on a geographical basis, so that each health visitor deals with the patients in her own area of the practice.

DOMICILIARY NURSING AND MIDWIFERY SERVICE

In the majority of instances, domiciliary nursing sisters combine the duties of nurse and midwife. At the end of the year the staff employed was as follows:—

Whole-time staff

Nurse/midwives	37
Nurse/midwives who also undertake health visiting	3
Midwives	1
Nurses	19
	—
Total:	60

Part-time Staff

Nurses	2
	—
Total:	62
	—

Forty-four of the nurses are fully trained in district work.

Arrangements are made for nurses who have not had special district training to receive this training, and four nurses successfully completed this course.

Eleven midwives and two nurses attended refresher courses.

In 1966 a scheme was introduced in Bridlington whereby the domiciliary nurses in that part of the County were each attached to practices instead of working in their own areas. Although introduced as an experiment the arrangement has proved to be very successful and has been continued on a permanent basis.

At the end of 1967 the position with regard to housing and transport of the domiciliary nursing staff was as follows:—

Housing

Number living in accommodation provided by the County Council:

(a) Property owned by the County Council	9
(b) Property leased from County District Councils.....	13
(c) Property leased from other owners.....	1
Number living in houses owned by themselves or rented from private owners	35
Number living in lodgings or with relatives.....	4

Transport

Number using cars provided by the County Council.....	44
Number using their own cars.....	18

Domiciliary Nursing

A comparison of the figures shown in the table with those for the previous year shows that visits paid to patients in their own homes have increased by 2,018, and that the number of cases which the nurses have attended has also increased by 247.

Approximately 64% of the patients nursed were over 65 years old, and 69% of the total visits were to patients in this age group. Many of these visits were to patients suffering from chronic illnesses, and out of the total visits almost 45% were to patients who had to be visited on more than twenty-four occasions.

When the need exists domiciliary nursing sisters are authorised to supply patients with incontinence pads and/or waterproof protective garments and disposable linings. These are used as a nursing aid and no charge is made. 32,000 of these pads were issued.

Of the total visits about 29% were made to patients to give injections of various types, no special nursing attention being required.

Arrangements continue to be made whereby selected domiciliary nursing sisters undertake additional special supervisory and advisory duties for patients attending hospital diabetic clinics.

	1967	1966
Total number of patients visited	4,331	4,084
No. of patients over 65 years of age	2,665	2,470
Percentage of patients over 65 years of age	64%	60%
Total number of visits made	135,720	133,702
No. of visits made to patients over 65 years of age	93,420	92,906
Percentage of visits to patients over 65 years of age	69%	69%

Domiciliary Midwifery

The number of domiciliary midwifery cases attended by midwives employed by the Local Health Authority was 463, a decrease of 203 on the number attended in 1966. The number of ante-natal and lying-in visits for these patients totalled 13,342.

Many women who are confined in hospital are regarded as fit to be discharged before the end of the normal ten-day lying-in period, and an increasing number of patients are being discharged within forty-eight hours after the births of their babies.

In all cases of early discharge, arrangements were made for domiciliary midwives to provide essential nursing at home until the end of the normal lying-in period and this is especially important in the case of "forty-eight-hour discharges".

In order to achieve this nursing care, cases where early discharge is expected are, whenever possible, notified to the Health Department by the hospitals, usually at the time of booking. The domiciliary midwife who is responsible for the nursing care after discharge from hospital is thus enabled to visit the patient early in her pregnancy. At this early visit the midwife can also note any unsatisfactory home conditions, which may result in a recommendation being made for the patient to be kept in hospital for a longer lying-in period. Midwives were called upon to visit 1,789 patients who had been discharged from hospital before the end of the ten-day

lying-in period; of these 850 patients were discharged two days after their confinement. These patients required 1,843 ante-natal and 12,646 lying-in visits.

	1967	1966
No. of domiciliary confinements attended	463	666
No. of cases attended on discharge from hospital—48 hour discharges	850	880
between 48 hours and 10 days	939	598
No. of visits—		
Domiciliary confinements: ante-natal	6,133	9,239
post-natal	7,209	11,182
Hospital confinements: ante-natal	1,843	1,687
post-natal	12,646	10,803

The percentage of domiciliary live and stillbirths for the County as a whole was 11·8 %, compared with 17·6 % in 1966. The percentage of the domiciliary births in the various County Districts can be seen from the following table:

District	Registered Total Births (Live and Still)	Domiciliary Births as Notified (Live and Still)	Percentage Domiciliary
Beverley M.B.	318	33	10·4
Bridlington M.B.	347	5	1·4
Driffield U.D.	120	3	2·1
Filey U.D.	67	17	25·4
Haltemprice U.D.	756	93	12·3
Hedon M.B.	43	3	7·0
Hornsea U.D.	86	9	10·5
Norton U.D.	85	8	9·4
Withernsea U.D.	93	4	4·3
Aggregate of U.D.s	1,915	175	9·14
Beverley R.D.	538	65	12·1
Bridlington R.D.	129	5	3·9
Derwent R.D.	305	65	21·3
Driffield R.D.	160	10	6·3
Holderness R.D.	369	43	11·7
Howden R.D.	180	58	32·2
Norton R.D.	91	10	10·9
Pocklington R.D.	222	32	14·4
Aggregate of R.D.s	1,994	288	14·0
Total County	3,909	463	11·8

Midwives are supplied with packs containing sterilised maternity outfits which are issued free of charge for every domiciliary confinement.

According to the returns received, 229 domiciliary births were attended by midwives, no doctor being present. This represents 49% of the domiciliary births in the County.

In all 214 midwives notified their intention to practise in the East Riding during 1967. At the end of the year there were 163 midwives in practice, 44 of whom were employed in the County service, and 119 were employed in hospitals.

Statutory notices under the Rules of the Central Midwives Board were received as follows:

	Midwives in Institutions	County Midwives	Total
Sending for medical help	—	71	71
Notification of infant death	22	—	22
Notification of stillbirth	25	4	29
Liability to be a source of infection . .	—	7	7

The number of medical help forms received from midwives in domiciliary practice was equivalent to 31 % of the cases which they attended when no doctor was present.

VACCINATION AGAINST SMALLPOX

The arrangements for the provision of vaccination facilities continued as in previous years and the table shows the number of vaccinations and re-vaccinations in respect of which returns have been received for the year 1967.

Five hundred and ninety vaccinations and nine re-vaccinations were given at infant welfare centres.

District	No. of Live Births	Primary Vaccinations						Re-Vaccinations					
		Under 1	1 year	2 to 4	5 to 14	15	Totals	Under 1	1 year	2 to 4	5 to 14	15	Totals
Beverley M.B.	312	17	132	73	8	—	230	—	—	1	13	—	14
Bridlington M.B.	340	42	55	29	8	1	135	—	1	—	7	—	8
Driffield U.D.	119	12	98	27	10	—	147	—	—	7	21	—	28
Filey U.D.	65	3	47	11	8	—	69	—	—	—	3	—	3
Haltemprice U.D.	747	136	226	67	15	—	444	—	—	9	37	—	46
Hedon M.B.	42	1	19	—	2	—	22	—	—	—	1	—	1
Hornsea U.D.	85	5	42	8	1	—	56	1	2	2	—	—	5
Norton U.D.	85	3	25	19	1	—	48	—	—	—	—	—	—
Withernsea U.D.	92	7	37	2	—	—	46	—	—	—	5	—	5
Beverley R.D.	533	87	191	52	13	2	345	—	—	4	20	—	24
Bridlington R.D.	125	6	21	3	1	1	32	—	—	—	3	—	3
Derwent R.D.	299	37	134	36	6	1	214	—	—	1	5	—	6
Driffield R.D.	156	2	62	23	2	1	90	—	—	3	4	1	8
Holderness R.D.	366	45	171	35	9	—	260	—	—	4	6	3	13
Howden R.D.	177	86	51	26	5	—	168	—	—	—	—	—	—
Norton R.D.	88	5	39	16	2	—	62	—	—	—	—	2	2
Pocklington R.D.	219	22	81	49	5	—	157	—	—	1	4	—	5
Totals	3,850	516	1,431	476	96	6	2,525	1	3	32	129	6	171

PROTECTION AGAINST DIPHTHERIA, WHOOPING COUGH AND TETANUS

All children can receive protection against diphtheria, whooping cough and tetanus by means of a triple vaccine.

Diphtheria

4,180 children received a primary course of vaccination against diphtheria, and 5,981 received "booster" injections. These numbers are made up as follows:

	Primary	Booster
Diphtheria only.....	22	210
Combined Diphtheria and Tetanus	330	3,117
Combined Diphtheria, Whooping Cough and Tetanus	3,828	2,654
Totals	4,180	5,981

The number of immunisations carried out in 1967 showed an increase of 594 primary immunisations and 343 reinforcing doses compared with the previous year.

The records indicate that by the end of 1967 83% of the children born in 1966 had been immunised against diphtheria.

Whooping Cough

3,829 children received primary courses of anti-whooping cough injections and 2,654 received "booster" injections. These numbers are made up as follows:

	Primary	Booster
Whooping Cough	1	—
Combined Diphtheria and Whooping Cough	—	—
Combined Diphtheria, Whooping Cough and Tetanus	3,828	2,654
Totals	3,829	2,654

The protection against whooping cough is most important in the first two years of life and it is satisfactory to note that 82% of the children born in 1966 have had prophylactic injections against this disease.

Tetanus

4,418 children received a primary course of tetanus toxoid injections and 5,983 received "booster" injections. These numbers were made up as follows:

	Primary	Booster
Tetanus toxoid.....	260	212
Combined Diphtheria and Tetanus vaccine	330	3,117
Combined Diphtheria, Whooping Cough and Tetanus vaccine	3,828	2,654
Totals	4,418	5,983

Of the children born in 1966 records show that 83% have received protection against tetanus.

B.C.G. VACCINATION AGAINST TUBERCULOSIS

The scheme for protection against tuberculosis by B.C.G. vaccination is available to students attending universities, teachers' training colleges, or other establishments of further education and to school children of 13 years of age or older, and those children approaching 13 years who can conveniently be vaccinated along with others of that age.

Letters explaining the scheme and accompanied by consent forms were sent to the parents of 2,636 eligible children. Parents of 2,073 (78.67%) children requested participation in the scheme, and of these acceptors, 1,874 were eventually skin tested to find out if B.C.G. vaccination was necessary. The result of the tests showed that 1,581 (84.3%) were negative and therefore required vaccination, and 1,573 finally completed the process.

If a child gives a positive reaction to the skin test, it means that at some time he has been exposed to infection and to make certain that there is no evidence of active disease, all children having this positive result to the test are offered special examinations, including chest X-ray. The adult members of their families are also offered X-ray examination in case there may be undetected cases of the disease among them.

PROTECTION AGAINST POLIOMYELITIS

The numbers of children given primary courses or reinforcing doses were as follows:

	Salk Vaccine	Oral Vaccine	Total
<i>Primary Courses:</i>			
Children born in 1967.....	17	770	787
Children born in 1966.....	96	2,252	2,348
Children born in 1965.....	5	270	275
Children born in 1964.....	6	80	86
Children born in 1960-63....	7	273	280
Others under 16 years of age.	—	51	51
Totals	131	3,696	3,827
<i>Reinforcing Doses:</i>			
Children born in 1967.....	—	—	—
Children born in 1966.....	33	69	102
Children born in 1965.....	8	104	112
Children born in 1964.....	5	38	43
Children born in 1960-63	57	2,486	2,543
Others under 16 years of age.	8	307	315
Totals	111.	3,004	3,115

By the end of 1967 77% of the children born in 1966 had received a primary course of either Salk or oral vaccine.

AMBULANCE SERVICE

At the end of the year seventy whole-time driver/attendants were employed, and the Council's fleet of vehicles consisted of 24 ambulances and 23 dual purpose vehicles, the latter being used mainly for sitting case work.

Small increases in the staffs at Beverley, Bridlington and Hessle were made to enable these stations to be manned on a twenty-four hour basis.

Reference to the table printed below will show that compared with 1966 there has been a small increase in the transport of cases of acute and general illnesses. There has again been an increase in ambulance work for out-patients. A considerable proportion of this increased work in connection with out-patients is associated with the further development of day centre facilities at mental hospitals.

The following tables give details of the type of work carried out by the service:

Types of case	1967	1966	Increase or decrease in 1967 as compared with 1966
1. Accident	2,979	2,680	+299
2. Acute illness.....	2,853	2,667	+186
3. General illness	4,657	4,524	+133
4. Maternity	1,012	1,047	—35
5. Tuberculosis.....	8	4	+4
6. Infectious disease	92	160	—68
7. Mental illness	283	251	+32
Totals (Items 1-7)	11,884	11,333	+551
8. Inter-hospital transfers	2,218	2,075	+143
9. Hospital discharges.....	5,180	4,804	+376
10. Out-patient and Clinic attendances	101,490	92,860	+8,630
Totals (Items 8-10)	108,888	99,739	+9,149
11. Other Cases	42,113	31,819	+10,294
Grand Totals: Cases	162,885	142,891	+19,994
Mileage	1,094,277	998,174	+96,103
Average patients per journey	5.6	5.2	—
Average miles per patient	6.7	7.0	—

Station	Patients	Mileage	Average mileage per patient
AMBULANCES—			
Beverley	16,713	101,660	6.1
Bridlington.....	10,250	80,649	7.9
Brough	8,266	41,352	5.0
Driffeld	2,661	19,759	7.4
Filey	3,547	38,620	10.9
Hessle	16,484	81,070	4.9
Hornsea	1,567	17,443	11.1
Howden	1,166	16,005	13.7
Pocklington	4,835	46,221	9.6
Withernsea	6,023	47,106	7.8
W.R. Selby.....	3,813	34,191	9.0
N.R. Malton	129	1,305	10.1
York C.B.....	290	2,205	7.6
Hull C.B.	184	2,357	12.8
Other Authorities	9	236	26.2
Totals for ambulances	75,937	530,179	7.0
SITTING CASE CARS—			
Beverley	19,419	41,044	2.1
Bridlington.....	8,403	40,685	4.8
Brough	3,986	20,170	5.1
Driffeld	5,617	49,038	8.7
Filey	6,026	52,233	8.7
Hessle	4,107	18,513	4.5
Hornsea	9,727	79,180	8.1
Howden	8,411	76,103	9.0
Pocklington	7,977	74,014	9.3
Withernsea	8,981	66,468	7.5
York C.B.	27	230	8.5
Hull C.B.	8	178	22.3
Voluntary Car Pool	815	11,988	14.7
N.R. Malton	3,406	29,881	8.8
Other Authorities	2	23	11.5
Totals for sitting case cars..	86,912	559,748	6.4
Train	36	4,350	120.8
Grand Totals	162,885	1,094,277	6.7

STAFF TRAINING

As a result of the recommendations made by the Working Party on Ambulance Training, schools for the advanced training of staff have been established by a number of authorities. The West Riding County Council established a residential school and as an interim measure they ran courses of two weeks' duration. The length of these courses was later increased to six weeks. At the invitation of the West Riding County Council, the East Riding sent eight men on the short courses and one man on the longer course during 1967.

DOMESTIC HELP SERVICE

The number of cases provided with domestic help has again risen from 1,567 to 1,619. For these cases 303,780 hours of work were given, an increase of 9·2% on the figure for the previous year. Excluding the confinement cases, 86·6% of the people receiving help were over 65 years old.

The following figures refer to the service given in 1967:

No. of households receiving service at the beginning of 1967	966
New cases helped during the year	653
	<hr/>
Total households receiving service	1,619

Reason for requiring domestic help:

Confinements	141
General illness	94
Chronic illnesses or old age.....	1,370
Mental illness	14

An in-service training course extending over five days was arranged in Bridlington and was attended by 28 domestic helps. It is intended that courses of this type shall become a regular feature of the service; they will be held in different parts of the County.

CARE AND AFTER-CARE

The care and after care services have continued to be operated centrally and are referred to in various parts of this report.

MEDICAL LOANS

Except in the Haltemprice, Filey and Withernsea areas, where a direct service is provided, the medical loan service is operated on behalf of the County Council by the British Red Cross Society, who had at the end of the year a total of 42 depots in the County, and 1,229 articles were loaned under these arrangements. Hospital type beds and special mattresses, etc., were on loan through this service to 56 paraplegic and other patients. Fireguards are also loaned through these arrangements when necessary, especially for old people. One hundred and eighty-eight issues of equipment were made in those areas not covered by the British Red Cross Society.

CHIROPODY SERVICE

A "foot comfort" service for elderly people is provided by the Women's Royal Voluntary Service and certain other old people's organisations, the service organised by the W.R.V.S. through Darby and Joan Clubs being available to all old people of pensionable age irrespective as to whether they are members of the Clubs. The County Welfare Officer informs me that at the end of 1967 there were 64 of these services in existence at which 1,650 old persons were receiving treatment. In the majority of areas chiropody sessions are held once a month and nowhere less frequently than once in every six weeks. In nine of the more populated areas sessions are held weekly.

The Health Committee's scheme covers persons needing chiropody for medical reasons, but in most cases the patients referred have been elderly people in whom the general disabilities of old age were combined with other illnesses.

In the majority of instances the physical conditions of the patients have been such that travel to and from clinics or chiropodists' surgeries was not practicable, and as a consequence it has been necessary to provide domiciliary treatment for them.

In view of the steadily increasing demands for chiropody treatment for this group of people it was decided to appoint a third whole-time chiropodist, who took up his duties in November.

In all 4,789 treatments were given, and at the end of the year 998 patients were being treated by the three whole-time chiropodists and 78 by chiropodists in private practice.

CERVICAL CYTOLOGY

For some years, usually as a routine measure, smears for the early detection of the presence of cancer of the neck of the womb have been taken from women attending hospital gynaecological clinics and from those who attended Family Planning Clinics. In an increasing number of instances specimens are now also being submitted from patients who have attended their general practitioners. A demand still, however, continues to exist for this examination to be provided at clinics which are organised by the County Council and regular sessions have been held in Anlaby, Beverley and Bridlington. Elsewhere, special sessions have been arranged in any part of the County as soon as the number of local requests have reached a level high enough to justify such arrangements.

Eighty-three sessions have been held in 13 centres and 1,244 women attended at these sessions. Among these, in nine cases the examination of the smear showed a positive result.

PROBLEM FAMILIES

The Children's Officer has continued to act as a co-ordinating officer for the purpose of initiating meetings of persons representing the various bodies or service sections who may in the course of their duties have to deal with the various difficulties created by problem families. The meetings, which are organised on a Divisional Health Area basis and are held under the chairmanship of the Divisional Medical Officer, are called whenever there is information that there are cases in the area which justify this action being taken either to help to ameliorate established conditions or to take preventive action. Fifteen such meetings have been held and 61 individual cases dealt with.

EPILEPSY AND SPASTIC PARAPLEGIA

On the register of handicapped persons maintained by the County Welfare Officer there are 27 epileptics and 21 spastics. Of the 27 epileptics, one is in residential accommodation provided by the Welfare Authority and three are in colonies. Twenty of the spastic cases are living in their own homes, and one is in a voluntary home.

In addition, there are 22 epileptics and 5 spastics known to the Welfare Department, but who are not registered as handicapped persons.

Among persons ascertained as mentally sub-normal 23 children and 57 adults are known to be epileptics, and 27 children and 25 adults are known to suffer from a degree of spastic paraplegia. Of these 9 child and 36 adult epileptics and 9 child and 14 adult spastics are in hospitals.

Among educable children of school age, 17 epileptics and 26 spastics are ascertained under the Handicapped Pupils Regulations.

Arrangements continue to be available for the loan of wheel chairs, walking aids, special beds and mattresses to these groups through the medical loan scheme and all cases have access to the services being provided under the Welfare Department's scheme which includes facilities for domiciliary occupational therapy.

HEALTH EDUCATION

Many health education subjects have been dealt with by the medical and the nursing staff, not only in their day to day contact with members of the public, but by special local efforts in clinics and in talks and discussions to various groups.

New relaxation classes were started in the Pocklington and Leven areas, the latter being held in the evening in order to allow expectant mothers who are working to attend. Relaxation classes were held in fifteen different centres in the County where ante-natal instruction was given and mothercraft was taught.

A second mothers' club was arranged in the Beverley area. Both clubs are well attended, and it is likely that a third session will soon be required.

In all the clinic premises in the County health visitors continue to arrange regular displays on different health education topics, and regular discussions are held, and film strips shown, in each clinic.

All requests for speakers on health topics to outside groups have been met. These have included a variety of subjects, such as Venereal Disease, Welfare of Old People, General Hygiene and Nutrition, and Cancer Education. Various films, such as "To Janet a Son", and a film on Cancer Education, have been shown to young wives' clubs.

BLINDNESS

Home visiting and home teaching for the blind is undertaken by officers of the Welfare Department.

At the end of the year there were 437 blind and 94 partially sighted persons on the register. The distribution of these persons according to sex and age is shown in the following table:

Age Period	Blind			Partially Sighted		
	Males	Females	Total	Males	Females	Total
0—4	1	1	2	—	—	—
5—10	1	—	1	6	—	6
11—15	2	2	4	2	1	3
16—20	2	2	4	2	2	4
21—29	3	1	4	2	1	3
30—39	10	4	14	1	2	3
40—49	19	11	30	5	2	7
50—59	20	9	29	3	3	6
60—64	15	8	23	5	8	13
65—69	19	25	44	3	2	5
70 and over ..	92	190	282	13	31	44
Totals ...	184	253	437	42	52	94

The following table gives an analysis of the ages at which blindness or the onset of eye trouble occurred in respect of persons on the register at the end of 1967:

Age Period	Blind			Partially Sighted		
	Males	Females	Total	Males	Females	Total
Under 1	10	13	23	11	6	17
1	1	1	2	}	2	3
2	2	—	2			
3	2	1	3			
4	—	1	1			
5—10	8	4	12	1	1	2
11—15	4	1	5	—	1	1
16—20	3	2	5	—	—	—
21—29	13	6	19	1	—	1
30—39	15	5	20	—	—	—
40—49	20	14	34	7	4	11
50—59	17	25	42	3	6	9
60—64	9	26	35	3	6	9
65—69	13	16	29	4	3	7
70 and over ..	64	135	199	9	23	32
Unknown.....	3	3	6	1	1	2
Totals ..	184	253	437	42	52	94

A total of 106 persons were examined for the first time and of these 61 were admitted to the register of blind persons, 31 were admitted to the partially sighted register and 13 were not considered to be certifiable. One person was certified to be blind but died before registration could be carried out.

The age groups of those certified during the year as blind or partially sighted were as follows:

	0—4	5—15	16—30	31—59	60—69	70—79	80+	Total
Blind	2	—	2	6	5	18	28	61
Partially Sighted	—	2	1	2	7	7	12	31

The causes to which blindness or partial loss of sight was attributed were as follows:

	Blindness	Partial Sight
Cataract and lens opacities	17	6
Diabetic retinopathy.....	2	4
Glaucoma.....	6	2
Myopia	2	1
Choroidal Sclerosis.....	1	—
Arteriosclerotic retinopathy	—	1
Central retinal vein thrombosis	1	2
Occlusion of central retinal artery	2	—
Retinal detachment.....	1	1
Choroi-retinal degeneration	4	—
Retino-choroiditis	—	1
Bilateral macular haemorrhage.....	1	—
Senile macular degeneration	11	3
Macula cyst	1	—
Senile lens changes	—	1
Senility	—	1
Keratitis	2	—
Corneal nebula	1	—
Choroiditis	1	2
Choroidal haemorrhage	1	—
Vitreous haemorrhage	—	1
Ititis.....	—	1
Iridocyclitis	1	—
Retinitis pigmentosa	1	—
Strabisms	—	1
Optic atrophy	2	—
Occlusio pupillae.....	1	—
Nystagmus	—	1
Bulbous Keratopathy	1	—
Albinism	1	2
	61	31

Follow-up of registered blind and partially sighted persons:

No. of cases registered during the year in respect of whom Form B.D.8 recommended:	Cause of Disability			
	Cataract	Glaucoma	Retrolental Fibroplasia	Others
(a) No treatment	3	3	—	18
(b) (i) Medical treatment...	2	—	—	7
(ii) Surgical treatment...	7	—	—	5
(iii) Optical treatment ...	—	—	—	—
(iv) Ophthalmic medical supervision	11	5	—	31
No. of cases shown under (b) above who have received treatment:				
(i) Medical.....	2	—	—	6
(ii) Surgical.....	3	—	—	2
(iii) Optical	—	—	—	—

Two of the cases recommended for medical treatment and one of the cases recommended for surgical treatment have since died and in three of the cases recommended for surgical treatment offers of treatment were refused.

Ophthalmia Neonatorum

No cases of ophthalmia neonatorum occurred during the year.

MENTAL HEALTH**MENTALLY SUB-NORMAL PATIENTS**

At the end of 1967 there were 812 patients known to be receiving advice or care, of these 338 were accommodated in hospitals. The remaining 475 were living in the community and to these the mental welfare officers paid 1,833 advisory or supervisory visits.

Patients in hospital

During the year 11 patients made up of 3 children and 8 adults were admitted to hospital on a long stay basis and 17 patients were admitted for periods of short term care, usually to give their parents an opportunity for a rest or holiday. At the end of the year there were 18 cases awaiting admission to hospital of whom 11 were regarded as being in urgent need of hospital care.

The age and sex distribution of the patients in hospital was as follows:—

	Men & boys	Women & girls	Total
Aged under 16.....	26	8	34
Aged 16 years and over...	162	142	304
	—	—	—
Totals	188	150	338
	—	—	—

Patients in the community

During the year 49 new cases were notified from various sources, this number being made up as follows:—

	Men & boys	Women & girls	Total
Aged under 16.....	14	12	26
Aged 16 and over.....	13	10	23
	—	—	—
Totals	27	22	49
	—	—	—

The age and sex distribution of the patients in the community was as follows:—

	Men & boys	Women & girls	Total
Aged under 16.....	79	52	131
Aged 16 and over.....	186	158	344
	—	—	—
Totals	265	210	475
	—	—	—

Junior Training Centre

The Driffeld Junior Training Centre has been fully occupied, and at the end of the year 53 trainees were attending, and 20 children were resident in the hostel. Two children were admitted to the hostel for periods of short-term care to enable the parents to take a holiday.

The Assistant Supervisor seconded for training during 1966, has obtained the Diploma for Teachers of the Mentally Handicapped; two of the centre staff now hold this qualification.

The staff of the Centre and the Hostel have continued to receive voluntary help from groups of people, especially in Driffeld, who are interested in the work of the Centre, and many useful gifts have been received.

ADULT TRAINING CENTRE

The Adult Training Centre in Beverley has continued to develop and provided a more varied programme of social and practical training; 54 trainees were in attendance at the 31st December.

Two female trainees have left the Centre to enter employment.

Sixteen trainees reside in the Centre hostel, twelve stay from Monday to Friday, returning home for week-ends, the remainder reside on a full-time basis as they have no permanent home. It is anticipated that the demand for full-time hostel beds will increase and additional hostel places will be required. Three trainees were admitted to the hostel for short-term care to enable the parents to take a holiday.

In addition to the Centres at Driffield and Beverley use continues to be made of places in the Junior and Adult Centres provided by the Kingston upon Hull and York Corporations and by the West Riding County Council.

A part-time Day Centre for up to twelve children suffering from severe mental subnormality continues to function on three mornings a week at the Health Services Clinic at Cottingham.

TRANSPORT

The County Ambulance Service continues to transport both adults and children between their homes and the training centres; but daily attenders at the Adult Training Centre are expected to travel on public transport, where possible.

Trainees who live in isolated areas, or too far from their centre, are accommodated in a hostel from Monday to Friday.

Arrangements were made for a group of twenty trainees who were using public transport from Bridlington and Driffield areas to be conveyed to the training centres by hired coaches. This arrangement will relieve the ambulance service which is hard pressed to meet its normal commitments.

The training arrangements and the numbers of persons involved at the end of the year were as follows:—

Junior Training Centres

Driffield	53
Kingston upon Hull.....	17
York	4
Rawcliffe.....	1
	—
Total	75
	—

Adult Training Centres

Beverley	54
Kingston upon Hull.....	12
	—
Total	66
	—

Home Training.....12

Part-time Day Centre..... 9

MENTALLY ILL PATIENTS

The work carried out by mental welfare officers for mentally ill patients was as follows:

Home Visits 9,349

Hospital admissions:

Admissions for observation (Section 25)..... 31

Admissions for treatment (Section 26) 10

Emergency admissions (Section 29)..... 50

Informal Admissions 264

Attendances at Hospitals or Out-patient clinics... 599

Four hundred and thirty-four new cases were referred to mental welfare officers and at the end of the year 617 patients were receiving supportive visits in their homes.

Arrangements were made for a patient suffering from mental illness to attend at a day occupation centre at Snaith which is run by the West Riding County Council.

STAFF

The field staff of the mental health service consisted of six mental welfare officers and a mental health social worker, with the part-time services of a psychiatric social worker. In December a trainee mental welfare officer was appointed.

FUTURE DEVELOPMENT OF THE HEALTH SERVICES

The Health Committee reviewed the development programme as requested by the Minister. This review covered in particular, the capital building projects envisaged during the next three years. In addition to the projects approved in principle by the Committee for the decade 1968-69 to 1977-78, it was agreed that the existing Adult Training Centre should be extended by a further twenty-five places and that alterations should be carried out to the Hessle Ambulance Station to provide improved facilities for the staff. It was also recommended that a Home for the Mentally Ill should be provided and that an additional Adult Training Centre and Hostel should be erected in Beverley in 1969-70. Provision was also made for a further Centre in the period 1973-74 to 1977-78 in order to bring Adult Training places in the County up to the national average.

It was proposed that in addition to the Health Centre at Pocklington scheduled for 1968-69, Health Centres would also probably be required in Bridlington, Hessle, Beverley and Willerby.

The following table gives details of the capital building programme which was agreed:

Financial year	Project
1968/69	Pocklington—Divisional Health Office, Health Centre, Dental Suite and Nurse's Flat Bridlington—Divisional Health Office, Health Centre and Dental Suite Beverley—Home for Mentally Disturbed Elderly Persons (35 places)
1969/70	Beverley—Extension to Adult Training Centre (25 places) Hessle—Health Centre, Dental Suite and Nurse's Flat Hessle—Alterations to Ambulance Station Beverley—Adult Training Centre (70) places and Hostel (20) places
1970/71	Bridlington—Home for Mentally Ill (12 places) Beverley—Divisional Health Office, Office accommodation for County Nursing staff, Mental Welfare Officers, Child Guidance Clinic and Health Centre Hedon—Ambulance Station Willerby—Health Centre
1971/72	Junior Training Centre (60 places) and Hostel (20 places) in the southern part of County Brough—Clinic with facilities for general practitioners' surgery and nurse's flat
1972/73	Hornsea—Clinic and nurse's flat Howden—Clinic and nurse's flat Cottingham—Extension to clinic Hedon—Clinic and nurse's flat
1973/74 to 1977/78	Home for Mentally Disturbed Elderly Persons 4 small Clinics Adult Training Centre (50 places) and Hostel (20 places)

REGISTRATION OF NURSING HOMES

At the end of the year there was one private nursing home registered providing 17 beds, most of which were occupied by chronically ill patients.

The powers and duties under the Public Health Act, 1936, are delegated to the Bridlington Corporation in respect of the Borough of Bridlington.

NURSERIES AND CHILD MINDERS REGULATION ACT, 1948

This Act requires that every Local Health Authority shall keep registers:

- (a) of premises in their area, other than premises wholly or mainly used as private dwellings, where children are received to be looked after for the day or a substantial part thereof or for any longer period not exceeding 6 days;
- (b) of persons in their area who for reward receive into their homes children under the age of five to be looked after as aforesaid.

At the end of the year twenty-nine nurseries, providing accommodation for 763 children, and nineteen daily minders, offering places for 233 children, were registered.

Section 3. – Sanitary Circumstances of the Area

WATER SUPPLIES, SEWERAGE AND SEWAGE DISPOSAL

Fluoridation of the Public Water Supplies

The County is supplied with water by five public water undertakings. This supply comes from many different sources, depending upon the area of the County which is served.

The natural fluoride content of the water varies between 0·04 and 0·12 parts per million, compared with 1 part per million which is regarded as the amount of fluoride necessary to prevent dental decay in children. Consideration has been given by the Health Committee to the fluoridation of public sources of water supply throughout the County, but due to the complexity, technical difficulties and cost involved, no steps have so far been taken to implement general fluoridation.

RURAL WATER SUPPLIES AND SEWERAGE ACTS, 1944–1965

During 1967 the following schemes of sewerage and sewage disposal and water supply were submitted to the County Council and in each case it was possible to inform the District Councils and the Water Board concerned that it was not desired to offer any observations for the purposes of Section 2(2) of the Rural Water Supplies and Sewerage Act, 1944:

Beverley R.D.	Extension of the existing 6in. diameter sewers in Station Road and Brough Road, South Cave.
Bridlington R.D.	Provision of joint sewerage and sewage disposal facilities for the villages of Muston, Folkton and Flixton
Derwent R.D.	Provision of a new sewage pumping station at Barlby.
Holderness R.D.	Provision of sewerage facilities for the village of Sproatley and for part of Wyton in the Parish of Bilton Provision of sewerage and sewage disposal facilities for the village of Aldbrough. Provision of joint sewerage and sewage disposal facilities for the villages of Brandesburton, Catwick, Seaton and Sigglesthorne.
Norton R.D.	Provision of sewerage and sewage disposal facilities for the village of Wintringham
East Yorkshire (Wolds Area) Water Board	Provision of mains water supply to two cottages in Common Lane, South Cave. Provision of mains water supply to four houses and a garage in Beverley Road, immediately to the south of the boundary of the Driffeld Urban District.

In the case of a scheme submitted by the Holderness Rural District Council for providing sewerage and sewage disposal facilities for the village of Atwick, the County Council decided that the District

Council should be informed, for the purposes of the 1944 Act, that in view of the possibility of holiday dwellings being erected in the vicinity of the village in the future, any proposed scheme for this village should be designed so as to be capable of extension to serve such dwellings.

The County Council undertook to make contributions under these Acts to the under-mentioned authorities in respect of schemes of sewerage and sewage disposal and water supply:

Beverley M.B.	Provision of piped water supply to the village of Weel (contribution considered annually).
Beverley R.D.	Extension of 6in. diameter sewers in Station Road and Brough Road, South Cave. Increased reservoir capacity at High Hunsley and South Cave (contribution considered annually)
Derwent R.D.	Extension of 6in. diameter sewer in York Road, Elvington.
Driffield R.D.	Regional Water Supply Scheme (contribution considered annually).
Holderness R.D.	Patrington Haven Sewerage Scheme.
Howden R.D.	Holme-on-Spalding Moor Sewerage and Sewage Disposal Scheme. Trunk link main from Spaldington Water Tower to Howden (contribution considered annually). Water main extensions in ten parishes in the Rural District (contribution considered annually). Water Supplies Co-ordination Scheme (contribution considered annually).
Pocklington R.D.	Water Supplies Co-ordination Scheme (contribution considered annually). Water main extension in the parish of Kirby Underdale (contribution considered annually).
East Yorkshire (Wolds Area) Water Board.	Provision of mains water supply to two cottages in Common Lane, South Cave.

LOCAL GOVERNMENT ACT, 1958

The County Council decided to make no contribution in respect of the financial year 1966-67, under Section 56(1) of the Local Government Act, 1958, to the Haltemprice Urban District Council towards the cost of carrying out the West Hull and Haltemprice Joint Main Drainage Scheme.

A contribution under Section 56(1) of the above Act was, however, made to the Withernsea Urban District Council in respect of the financial year 1966-67 towards the cost of carrying out the Withernsea Main Drainage Scheme.

HOUSING

The number of houses completed during 1967 was 2,371. Of these 572 were built by the District Councils and 1,799 by private enterprise.

The table shown below sets out the position in the respective County Districts and gives the number of houses completed by the local authorities and by private enterprise in each area between 1st April, 1945, and the end of 1967:

District	Houses Completed		In course of Erection	
	Local Authorities	Private Enterprise	Local Authorities	Private Enterprise
Beverley M.B.....	1,105	1,204	27	52
Bridlington M.B.....	1,010	2,135	—	82
Hedon M.B.....	144	132	—	19
Driffield U.D.....	167	499	—	48
Filey U.D.	315	659	—	4
Haltemprice U.D.	2,186	4,792	36	176
Hornsea U.D.	351	632	—	21
Norton U.D.....	287	278	—	63
Withernsea U.D.....	343	156	—	9
Beverley R.D.....	1,160	3,220	12	216
Bridlington R.D.	355	377	4	15
Derwent R.D.	617	1,977	22	119
Driffield R.D.....	378	416	6	15
Holderness R.D.	1,099	2,191	26	177
Howden R.D.....	663	561	33	56
Norton R.D.	446	193	16	14
Pocklington R.D.	1,048	801	12	54
Totals	11,674	20,223	194	1,140

Section 4. – Inspection and Supervision of Food

FOOD AND DRUGS ACT, 1955

REPORT OF THE CHIEF SAMPLING OFFICER

The primary responsibility of the County Council as the Food and Drugs Authority is to endeavour to ensure that foods and drugs on sale to the public are not harmful to life or health, and that their nature, substance and quality conform to standards that purchasers are entitled to demand and expect. Foods must be fairly and accurately labelled and described so as not to mislead, and in many cases they must comply with statutory standards of composition. Claims for nutritional or dietary attributes must be justified.

In carrying out their duties in all parts of the County (except Haltemprice where the Urban District Council are the Food and Drugs Authority), the sampling officers have examined foods at all stages of production, distribution and marketing, and they submitted 472 food samples and 19 drug samples for analysis by the Public Analyst. The labels on large quantities of pre-packed foods have been scrutinised to make sure they complied with the appropriate regulations.

A summary of the samples is given below:

	No. of samples analysed	No. of samples found to be Unsatisfactory
Beverages (including beer).....	42	3
Cereals	1	—
Cheese (including curd)	27	9
Confectionery	39	—
Drugs	19	1
Fats	16	—
Fish and Meat Products (including sausages)	66	8
Fruit and Vegetable Products	38	—
Milk	182	11
Milk Products	17	—
Pickles.....	3	—
Preserves.....	10	1
Seasonings	8	—
Miscellaneous	23	1
Totals	491	34

Of the 34 samples found to be unsatisfactory, the necessary advisory, cautionary or administrative action was taken in respect of 33 samples where the infringement was of a minor nature, and legal proceedings were instituted in only one case which concerned pasteurised milk containing 15·5% extraneous water.

The three unsatisfactory samples of beverages were all soft drinks. One sample was from 'old stock' and the addition of sweetener was not declared on the label. Two samples bore misleading claims in regard to the degree of dilution recommended.

Of the 11 unsatisfactory milk samples, in addition to the prosecuted case, five contained small amounts of extraneous water, four were deficient in fat, one contained penicillin and one contravened the regulations by containing colouring matter.

The successful prosecution of cases where milk is found to contain penicillin has brought an important change in the legal defence that no offence could arise in the sale of sub-standard milk if it was 'as it came from the cow'. Penicillin in milk from injected cows is undoubtedly present at the time of milking, but it has been held to be an unnatural substance which ought never to have been in the milk. East Riding producers have been asked to co-operate in ensuring that milk from cows treated with antibiotics should be withheld from sale for the full recommended period.

The average standards of the 182 milk samples were:

	% Fat	% Solids not fat
Untreated.....	3·8275	8·7081
Pasteurised.....	3·728	8·5016
Channel Island	4·9071	8·964
Sterilised.....	3·7009	8·6884

Additional sampling on two occasions was at the request of the Hull City Health Department and followed the finding of unsatisfactory samples of churn milk delivered to dairies in Hull by

producers from the County. Samples from the farms concerned were found to be adulterated with extraneous water and in each case legal proceedings were instituted by the Corporation.

Cheese

The Cheese Regulations came into operation during the year, and one third of the samples obtained were found to infringe the new requirements. In all cases the manufacturers have given assurances to improve their product or amend the labels as necessary.

Cheese consumption in Great Britain is now thought to be in the region of 260,000 tons per year, of which 60% is imported, mainly from the Commonwealth. It is a popular and appetising source of protein, but people in the North-East are thought to consume 20% less than the average of $10\frac{1}{2}$ lb. per head per year.

The following tables show the compositional requirements for the various types of cheese:

Variety of cheese	Minimum Fat content	Maximum Water content
Popular English hard cheese	48%	ranging from 39% for Cheddar to 48% for Lancashire
Continental type cheese	range from 40% for Edam to 50% for Danablu	ranging from 38% Gruyere to 50% for Harvarte
Other Full Fat hard cheeses	48%	48%
Medium Fat hard cheese	between 10% and 47%	48%
Skimmed Milk hard cheese	less than 9%	48%
Full Fat Soft cheese	20%	60%
Medium Fat soft cheese	between 10% and 19%	70%
Low Fat soft cheese	between 2% and 9%	More than 80%
Skimmed Milk soft cheese	Less than 2%	80%
Cream Cheese	45%	—
Double Cream Cheese	65%	—
Cheese Spread	20%	60%

Drugs

Analysis of a solution for the treatment of acne indicated—

- (a) that an active ingredient was not declared on the label;
- (b) that the solution was stronger than recommended for the purpose in the British Pharmaceutical Codex;
- (c) that greater prominence could be given in the precautions to be exercised in its use.

The matter was referred to the Pharmaceutical Society.

Fish and Meat Products

Eight samples of meat products (sausages 5), (potted meat 1), (luncheon meat 1), (meat pie 1) were deficient in meat content.

Preserves

A sample of locally manufactured Lemon Curd was slightly deficient in soluble solids.

Miscellaneous

Bi-carbonate of Soda was improperly labelled.

In addition to the unsatisfactory samples reported by the Public Analyst, complaints were received on three occasions from purchasers of food, and in each case the circumstances were investigated and the producers were cautioned. The complaints were in respect of (1) extraneous matter in a bottle of school milk (bubbly gum), (2) 'week-old' milk delivered in error to a school and (3) extraneous matter in a jar of marmalade (a brush bristle).

Contamination of Foodstuffs by Toxic Chemicals—County Councils Association Scheme of Sampling

Since August 1966 when the planned scheme of sampling to determine the extent of contamination of foodstuffs by toxic chemicals was commenced, to 30th November 1967, 452 samples (including 16 from the East Riding) of a wide range of foodstuffs have been examined in Zone 4 of the scheme, comprising the North, East and West Ridings of Yorkshire, Durham County and 14 Northern County Boroughs. One hundred and sixty-eight contained some pesticide trace and 56 of these were at or above the significant levels suggested by the Association of Public Analysts as the appropriate limits for report within the experimental scheme, i.e.:

	Parts per thousand million
Milk and Infants Foods	
DDT and allied compounds	20
Other organo-chlorine insecticides.....	2
Organo-phosphorus insecticides (as P)	50
All other Foods	
DDT and allied compounds.....	50
Other organo-chlorine insecticides.....	20
Organo-phosphorus insecticides (as P)	50
Arsenic	100
Lead	100
Mercury	100

These levels are in no sense recommended as 'safe' figures, but are primarily issued in order to give the analysts participating in the scheme an indication of the limits to which they should work. There are, as yet, no officially recommended limits for pesticides in this country, but as a matter of interest a few examples of tolerance levels in other countries are as follows:

Pesticides	Country	Tolerance Parts per thousand million
DDT	U.S.A.	1,000—7,000*
	New Zealand	5,000
	Netherlands	1,000
BHC	U.S.A.	10,000
	New Zealand	5,000
	Netherlands	2,000
Dieldrin	U.S.A.	100—250*
	New Zealand	nil—2,500*
	Netherlands	100

*Limit varies according to commodity.

The 56 samples containing pesticide traces at a significant level were fruit and vegetables (33) meat, fish or poultry (9) fats (5), rice (2), milk (2), dried fruits (2), bread (1), infant food (1), tea (1).

The scheme is designed to operate for a period of two years and it is too early to assess these results until the end of the period and until full reports and conclusions are available from the Public Analysts. It has been estimated that more than 10% of the world's food is destroyed each year by insects, fungi and micro-organisms, and with famine prevalent in many parts of the world, the use of pesticides, fungicides and rodenticides are essential.

In a paper presented to the British Pest Control Conference during 1967, Dr. J. M. Barnes, a Director of the Medical Research Council's Toxicology Research Unit said: "It is important that the ridiculous situation is not created in which people living in houses sprayed by pesticides and saved from death by malaria are not left hungry because the food they might have been offered was found to contain DDT above some accepted level, but in quantities far less than the people had already absorbed from living in a house sprayed with DDT."

NEW REGULATIONS AND REPORTS

The following Regulations and Reports were issued during 1967:

- The Meat Pie and Sausage Roll Regulations, 1967;
- The Sausage and Other Meat Product Regulations, 1967;
- The Canned Meat Product Regulations, 1967.

These regulations specify compositional, labelling and advertising requirements for meat products and have been made in response to recommendations of the Food Standards Committee. One main function of the regulations is to specify the minimum meat requirement for the various products and this is done in such a complex manner that a meatless 'meat and vegetable pie' is virtually legalised.

Solvents in Food Regulations, 1967—specify permitted substances for use in food and prohibit the sale, importation or advertisement of solvents other than those permitted. The permitted solvents are few in number (nine) and they are used to facilitate the incorporation of ingredients in foods.

Artificial Sweeteners in Food Regulations, 1967—specify permitted artificial sweeteners for use in food which includes cyclamates, a substance 70 times sweeter than sugar. There have been certain criticisms of the decision to permit cyclamates on the grounds that the toxicity of certain ingredients was thought to be suspect, but the government were said to be satisfied that there was no hazard to health in permitting their use in food. The main use is likely to be limited to soft drinks, canned fruit and vegetables, jellies, pickles and sauces and some types of sweet confectionery, but they are not permitted in ice-cream. Diabetics have been warned against consuming more than three grms. of cyclamate sweeteners per day.

Labelling of Food Regulations, 1967—supersede and amend the Labelling of Food Order, 1953, generally in accordance with the recommendations of the Food Standards Committee.

Ice-cream Regulations, 1967	}	Specify new compositional, labelling and advertising requirements for these products
Margarine Regulations, 1967		
Coffee and Coffee Product Regulations, 1967		

Proposed Regulations in regard to Claims and Misleading Descriptions have been received and these broadly follow the recommendations made by the Food Standards Committee in 1966. The proposed regulations include provision for controlling claims that foods have special values in respect of calories, protein, vitamins and minerals, or have medicinal, diabetic or slimming attributes unless such claims and attributes are in conformity with the regulations and are fully justified.

Would-be slimmers are reminded of the Food Standards Committee Report which stated that 'slimming foods' is a contradiction in terms. All food contains energy and so can be fattening. Some may be an aid to slimming but this is difficult to establish. The regulations will require it to be made clear that food is not of itself a slimming agent but can only aid slimming as part of a controlled calorie intake diet.

The Food Standards Committee have reported on Cream and recommend that consideration should be given as soon as possible to the introduction of heat treatment regulations for cream with designations comparable to those for milk, and specify compositional requirements including fat content for the various grades of cream, viz.:

	% fat
Clotted Cream and Double Cream	48
Whipped Cream	35
Sterilised Cream	23
Cream	20
Half-cream	12

THE MILK AND DAIRIES REGULATIONS

A total of 3,523 samples of milk have been obtained at farms and heat treatment plants and from retailers, and these have been submitted to the Public Health Laboratory for tests to be made in respect of (1) general cleanliness and hygiene (methylene blue test), (2) correct and efficient heat treatment where appropriate (phosphatase or turbidity test) and (3) biological or other examination to detect evidence of tubercle or brucellosis.

At the end of the year there were 505 dealers' licences in force and seven heat treatment plants were operating—five where milk is received from a number of producing farms and two new plants where milk is heat treated at the farm where it is produced.

Sampling and inspection have been carried out regularly and whilst reasonably satisfactory standards are being maintained, the number of unsatisfactory samples reported indicates that it is essential to keep up the level of sampling to ensure prompt remedial action where necessary. Sixty per cent of the samples failing the methylene blue test were of untreated milk and the comments of previous years that greater care should be exercised by producers would again seem justified.

Pasteurisation plants received 108 visits of inspection and 449 visits were made to the premises of milk dealers.

During 1967 there were 53 farms in the County with approximately 1,700 cows producing untreated milk for retail sale (approximately 900 other farms produce milk which is heat treated before sale), and as agreed with the County Medical Officer of Health, District Medical Officers of Health and the Director of the Public Health Laboratory, special sampling has been undertaken at these farms in an endeavour to trace herds infected with brucellosis. Wherever possible samples have been obtained from individual cows at the time of milking. Whilst the main reason for this type of sampling is to prevent infected milk reaching the public, the test results are made available to the producers with a view to assisting in improving milk herds and in the preparation for the eradication of brucella in cattle. These facilities seem to be welcomed and appreciated by milk producers. The outbreak of foot and mouth disease in other parts of the country upset the programme of sampling during the latter part of the year.

Twenty-six samples were reported positive for brucella abortus and these were from seven herds.

The Hull City Health Department also reported six positive samples from milk produced in the County, three of these were from the herds of producers who do not retail milk but send it for heat treatment and the other three were from herds also found infected by the results of County sampling. Fifteen per cent of samples submitted to a milk ring test were reported positive (i.e., approximately 250 cows in 27 herds) and for practical purposes this result was ignored and treated as a probable false indication resulting from previous vaccination of the cows. Less than 1% of samples submitted to the culture or biological test were reported positive, but these were from 13% of the herds. Whilst most of the 53 producer/retailer herds in the East Riding are probably free from infection, about half of these would not be accepted for entry on the Ministry's Register of Brucella Free Herds because of the ring test indication.

The following tables classify the type of sampling and the result:—

HEAT TREATMENT PLANTS

Samples obtained by	Number of Samples	Methylene Blue Test			Phosphatase Test	
		Satisfactory	Unsatisfactory	Test void	Satisfactory	Unsatisfactory
County Council	127	111	1	15	124	3
Bridlington Borough .	34	34	—	—	34	—
Totals	161	145	1	15	158	3

LICENSED DEALERS (PRE-PACKED) MILK

Grade	Number of Samples	Methylene Blue Test			Phosphatase Test		Turbidity Test	
		Satisfactory	Unsatisfactory	Test Void	Satisfactory	Unsatisfactory	Satisfactory	Unsatisfactory
Untreated	41	34	2	5	—	—	—	—
Pasteurised	266	235	6	25	266	—	—	—
Sterilised	39	—	—	—	—	—	39	—
Totals . .	346	269	8	30	266	—	39	—

PRODUCER/RETAILERS

Grade	Number of Samples	Methylene Blue Test		
		Satisfactory	Unsatisfactory	Test void
Untreated	101	77	14	10

Sixty-three of these samples were also submitted for biological examination.

SCHOOL MILK SUPPLIES

Grade	Number of Samples	Methylene Blue Test			Phosphatase Test	
		Satisfactory	Unsatisfactory	Test Void	Satisfactory	Unsatisfactory
Pasteurised	170	154	5	11	170	—
Untreated	9	7	2	—	—	—
Totals	179	161	7	11	170	—

BIOLOGICAL EXAMINATIONS OF MILK

	Number of samples	Tubercle		Brucella abortus		Test void
		Negative	Positive	Negative	Positive	
Producer/Retailers	57	52	—	46	6	5
Schools	3	3	—	3	—	—
Dealers	17	16	—	14	2	1
Totals	77	71	—	63	8	6

BRUCELLA ABORTUS EXAMINATION

No. of samples	Ring Test		Culture	
	Positive	Negative	Positive	Negative
2,736	418	2,318	18	2,718

Liquid Egg (Pasteurisation) Regulations, 1963

There are no egg pasteurisation plants in the area.

I wish to record my thanks to the Sampling Officers, the County Medical Officer of Health and his staff, the Public Analyst, Mr. R. T. Hunter, and Dr. McCoy of the Public Health Laboratory for their co-operation and assistance.

LEWIS KAYE,
Chief Inspector of Weights and Measures
and Chief Sampling Officer.

Veterinary Inspection of Dairy Herds

I am indebted to the Divisional Veterinary Officer of the Ministry of Agriculture, Fisheries and Food for information about the inspections of dairy herds which were carried out. He states that 570 herds were inspected involving 20,866 cattle.

Tuberculosis was found clinically in one cow examined at an abattoir, and there were no cases of tuberculosis of the udder.

Section 5. – Prevalence of and Control over Infectious and other Diseases

NOTIFIABLE INFECTIOUS DISEASES - 1958 to 1967

The numbers of notifications during the last ten years of the various notifiable infectious diseases are shown in the following table:

DISEASE	1958	1959	1960	1961	1962	1963	1964	1965	1966	1967
Scarlet Fever	141	125	134	68	39	64	62	71	51	89
Whooping Cough.....	83	60	235	60	8	206	169	56	65	169
Diphtheria.....	2	—	—	—	—	—	—	—	—	—
Measles	1,499	3,549	73	4,107	741	3,409	1,268	3,543	966	2,953
Pneumonia	104	114	69	111	60	42	45	32	28	20
Meningococcal Infection..	—	2	1	2	4	4	3	—	2	2
Acute Poliomyelitis:										
Paralytic	19	1	1	8	2	—	1	—	—	—
Non-Paralytic	10	—	—	2	—	—	—	—	—	—
Encephalitis:										
Infective	1	—	—	—	1	—	—	—	—	—
Post-Infectious	2	1	—	—	—	—	—	—	—	—
Dysentery	321	471	253	259	277	44	127	157	226	166
Ophthalmia Neonatorum .	1	—	1	1	2	—	1	—	—	—
Puerperal Pyrexia	19	18	13	9	15	3	11	4	2	3
Smallpox	—	—	—	—	—	—	—	—	—	—
Paratyphoid Fever	4	—	—	1	1	3	1	1	—	1
Typhoid Fever	2	4	—	—	—	4	1	—	—	—
Food Poisoning.....	95	126	42	49	55	41	30	36	30	48
Erysipelas	14	11	11	9	9	9	1	6	4	3
Malaria	—	—	—	1	—	—	1	—	1	—
Tuberculosis:										
Pulmonary.....	38	57	52	41	41	34	38	33	16	19
Meninges and C.N.S. ..	1	1	1	—	—	1	—	2	—	—
Other forms	13	11	10	8	5	9	3	4	2	4
Anthrax*	—	—	—	—	—	—	—	—	—	—

*Not notifiable until 1960.

TUBERCULOSIS

The consultant chest physicians, with administrative centres in Hull, Pontefract and York and the assistant chest physicians working with them are responsible to the Council for the preventive side of tuberculosis work and for dealing with the special problems associated with care and after-care and rehabilitation of any patients resident in the County. Their chief link with the County health services is through the health visitors, all of whom act as tuberculosis visitors.

On the recommendations of the chest physicians, patients being treated in their own homes are supplied with extra milk. Nine patients were supplied with milk for varying periods.

The chest physicians have been responsible for arranging to provide B.C.G. vaccination for contacts where they consider this to be advisable, and 144 persons have been vaccinated. This figure includes 26 infants vaccinated soon after birth, and 52 nurses.

Details of the B.C.G. vaccination against tuberculosis of school children are given elsewhere in this report.

No special case finding surveys were undertaken but the Mass Miniature Radiography Unit based on Hull visited the following places in the County during the year:

Anlaby	Howden
Barlby	Hunmanby
Beeford	Kilham
Beverley	Kirkella
Bridlington	Leconfield
Brough	Market Weighton
Bubwith	Melbourne
Cottingham	Middleton-on-the-Wolds
Driffeld	Pocklington
Dunswell	Sherburn
Everthorpe	Stamford Bridge
Filey	University of York
Flamborough	Wawne
Foston-on-the-Wolds	Wetwang
Hessle	Willerby
Holme-on-Spalding Moor	

A total of 16,545 people attended at these sessions, among whom one case of active tuberculosis was diagnosed.

The unit also visited the Brandesburton Hall Hospital, De la Pole Hospital and Winestead Hall Hospital.

New Cases

Twenty-three primary notifications of tuberculosis were received (19 pulmonary and 4 non-pulmonary).

TABLE II

Cases of Infectious Disease Notified amongst County residents

RURAL DISTRICTS

[illegible]





TABLE III

Vital Statistics for the Administrative County, the Divisional Health Areas, and for the several Urban and Rural Districts in the Riding during the year 1967

DISTRICT	POPULATION		BIRTH AND DEATH RATES FROM VARIOUS CAUSES PER 1,000 OF THE POPULATION																				STILLBIRTHS		DEATHS OF CHILDREN UNDER ONE YEAR OF AGE			
	Census 1961	Estimated 1967 mid-year	Live Births				Illegitimate Live Births		Deaths				Principal Epidemic Diseases		Pulmonary Tuberculosis		Other forms of Tuberculosis		Respiratory Disease		Heart Disease						Malignant Disease	
			No.	Crude Rate	Comparability factor	Adjusted Rate	No.	Rate	No.	Crude Rate	Comparability factor	Adjusted Rate	No.	Rate	No.	Rate	No.	Rate	No.	Rate	No.	Rate	No.	Rate	No.	Rate per 1,000 total births	No.	Rate per 1,000 live births
Administrative County	224,031	248,330	3,850	15.5	1.05	16.27	206	0.83	3,080	12.4	0.89	11.04	4	0.02	4	0.02	—	—	317	1.27	1,085	4.37	567	2.28	59	15	60	16
M.B.s and U.D.s	114,086	125,030	1,887	15.1	1.08	16.31	119	0.95	1,735	13.9	0.80	11.12	2	0.02	3	0.02	—	—	186	1.48	609	4.87	314	2.51	27	14	27	14
Rural Districts	109,945	123,300	1,963	15.9	1.03	16.38	87	0.70	1,345	10.9	0.99	10.79	2	0.02	1	0.01	—	—	131	1.05	476	3.86	253	2.05	32	16	33	17
BUCKROSE DIVISION																												
Bridlington M.B.	26,023	26,370	340	12.9	1.24	15.99	36	1.36	468	17.7	0.64	11.33	—	—	—	—	—	—	39	1.48	192	7.28	76	2.88	7	20	7	21
Driffield U.D.	6,892	6,920	119	17.2	1.04	17.89	11	1.59	143	20.7	0.57	11.80	—	—	—	—	—	10	1.45	42	6.07	17	2.46	1	8	4	34	
Filey U.D.	4,703	5,110	65	12.7	1.36	17.27	5	0.97	78	15.3	0.69	10.56	—	—	—	—	—	6	1.17	28	5.48	16	3.13	2	30	—	—	
Bridlington R.D.	8,814	8,840	125	14.1	1.17	16.49	6	0.68	124	14.0	0.85	11.90	—	—	—	—	—	8	0.90	47	5.32	29	3.28	4	31	2	16	
Driffield R.D.	10,862	10,370	156	15.0	1.06	15.90	7	0.67	106	10.2	1.04	10.61	—	—	—	—	—	11	1.06	29	2.79	19	1.83	4	25	4	26	
Totals	57,294	57,610	805	13.9	—	—	65	1.13	919	15.9	—	—	—	—	—	—	—	—	74	1.28	338	5.87	157	2.72	18	21.87	17	21.12
HALTEMPRICE DIVISION																												
Haltemprice U.D.	42,386	50,660	747	14.7	0.98	13.41	27	0.53	555	11.0	0.96	—	2	0.04	2	0.04	—	—	86	1.70	167	3.30	116	2.29	9	11.90	10	13.38
HOLDERNESSE DIVISION																												
Beverley M.B.	16,031	17,220	312	18.1	1.01	18.28	20	1.16	205	11.9	1.00	11.9	—	—	—	—	—	19	1.10	76	4.41	40	2.32	6	11	6	11	
Hedon M.B.	2,345	2,530	42	16.6	1.14	18.92	5	1.97	46	18.2	0.91	16.56	—	—	—	—	—	1	0.39	23	9.10	5	1.98	1	23	—	—	
Hornsea U.D.	5,955	6,180	85	13.8	1.22	16.84	4	0.65	109	17.6	0.69	12.14	—	—	1	0.16	—	11	1.78	33	5.34	21	3.39	1	12	—	—	
Withernsea U.D.	4,981	4,970	92	18.5	1.20	22.20	9	1.81	64	12.9	0.76	9.80	—	—	—	—	—	7	1.41	25	5.03	16	3.22	1	11	—	—	
Beverley R.D.	23,213	29,450	533	18.1	0.97	17.56	15	0.51	304	10.3	0.99	9.56	—	—	—	—	—	34	1.15	132	4.48	55	1.87	5	16	3	10	
Holderness R.D.	20,409	23,710	366	15.4	1.00	15.4	21	0.88	248	10.5	1.10	11.55	1	0.02	1	0.02	—	—	24	1.01	85	3.58	44	1.85	3	8	9	25
Totals	72,934	84,060	1,430	17.0	—	—	74	0.88	976	11.6	—	—	1	0.01	2	0.02	—	—	96	1.14	374	4.45	181	2.15	17	11.75	18	12.59
HOWDENSHIRE DIVISION																												
Norton U.D.	4,770	5,070	85	16.8	1.12	18.81	2	0.39	67	13.2	0.88	11.62	—	—	—	—	—	7	1.38	23	4.53	7	1.38	—	—	3	35	
Derwent R.D.	13,648	16,530	299	18.1	1.00	18.10	10	0.60	169	10.2	0.88	8.98	—	—	—	—	—	25	1.44	43	2.60	36	2.18	6	20	3	10	
Howden R.D.	12,038	12,500	177	14.2	1.06	15.05	9	0.72	142	11.4	1.00	11.4	1	0.08	—	—	—	10	0.80	51	4.08	23	1.84	3	17	2	11	
Norton R.D.	7,015	7,120	88	12.4	1.09	13.32	3	0.42	80	11.2	1.02	11.42	—	—	—	—	—	5	0.70	30	4.21	12	1.68	3	33	—	—	
Pocklington R.D.	13,946	14,780	219	14.8	1.10	16.28	16	1.08	172	11.6	0.99	11.48	—	—	—	—	—	14	0.94	59	3.99	35	2.37	3	14	7	32	
Totals	51,417	56,000	868	15.5	—	—	40	0.71	630	11.2	—	—	1	0.02	—	—	—	—	61	1.09	206	3.68	113	2.02	15	16.98	15	17.28

TABLE IV
Vital Statistics of Whole District during 1967,
and previous Years

YEAR	Estimated Population	LIVE BIRTHS		NET DEATHS BELONGING TO THE DISTRICT			
				Under 1 year of age		At all ages	
		Number	Rate	Number	Rate per 1,000 Live Births	Number	Rate
1944	185,940	3,562	19·2	156	44	2,409	13·1
1945	183,450	3,109	17·0	135	43	2,396	13·1
1946	194,720	3,739	19·2	139	37	2,355	12·1
1947	200,110	3,872	19·4	155	40	2,405	12·0
1948	205,900	3,432	16·7	111	32	2,205	10·7
1949	209,343	3,308	16·1	98	30	2,498	12·2
1950	212,070	3,187	15·0	83	26	2,423	11·4
1951	212,900	3,079	14·5	87	28	2,646	12·4
1952	212,600	3,173	14·9	76	24	2,432	11·4
1953	214,000	3,219	15·0	87	27	2,582	12·1
1954	217,000	3,085	14·2	71	23	2,687	12·4
1955	217,100	2,999	13·8	71	24	2,624	12·1
1956	217,500	3,141	14·4	76	24	2,707	12·4
1957	218,500	3,280	15·0	69	21	2,657	12·2
1958	218,900	3,136	14·3	70	22	2,753	12·6
1959	221,200	3,307	15·0	59	18	2,722	12·3
1960	224,470	3,477	15·5	67	19	2,745	12·2
1961	224,510	3,573	15·9	60	17	2,938	13·1
1962	228,530	3,735	16·3	65	17	2,857	12·5
1963	232,170	3,885	16·7	81	21	2,987	12·9
1964	237,300	3,956	16·7	72	18	2,894	12·2
1965	241,520	3,984	16·5	72	18	3,056	12·7
1966	245,310	3,838	15·6	76	20	3,203	13·1
1967	248,330	3,850	15·5	60	16	3,080	12·4

TABLE V
Rainfall Returns, 1967

Station	Height of rain gauge above sea level	Observer	Total Rain-fall	Number of days on which one-tenth of an inch or more of rain fell	Average rainfall during the 10 years 1957 to 1966
Hempholme.....	11 feet	Mr. W. F. Gilbert	inches 29·60	181	inches 26·60
Beverley	34 feet	Mr. B. T. H. Johnson..	24·98	204	26·03
North Cave	35 feet	Maj. J. H. Carver, J.P..	26·87	184	26·50
Hornsea	35 feet	Mr. J. H. D. Howlett .	25·66	199	25·90
Bridlington	60 feet	Mr. H. Ackroyd.....	28·91	190	28·32
Lowthorpe	63 feet	Mr. C. Kettlewell	27·79	188	25·27
Scampston	100 feet	Mr. C. Brown	22·68	128	25·69
Filey	122 feet	Mr. J. Hustwit.....	28·27	167	25·74*
Dalton Holme...	150 feet	Lord Hotham Estate ..	27·89	201	28·24
Birdsall.....	304 feet	Birdsall Estate Co. Ltd.	28·57	219	30·83
					* Average for 9 years 1958 to 1966.

My thanks are due to the observers for their kindness in sending me the monthly returns.

ANNUAL REPORT
OF THE
PRINCIPAL SCHOOL MEDICAL OFFICER
FOR THE YEAR
1967

Report of the Principal School Medical Officer

*To the Chairman and Members of the
Education Committee.*

I have the honour to submit the Annual Report on the work of the School Health Service for the year 1967.

In May, Dr. R. Watson retired from the post of Principal School Medical Officer and I feel sure the Committee would wish to join me in expressing appreciation of the way in which he has developed and improved the service during the past 24 years.

Dr. Maughan was appointed Divisional Medical Officer for the Holderness area in May and Dr. R. Schofield joined the staff from Lancashire as Divisional School Medical Officer to the Buckrose Division. There has been no change in the staff of school medical officers, and the Authority was fortunate in filling the establishment of dental officers in November; the East Riding must be one of the few Authorities in this happy position.

Since the retirement of the Senior Hospital Medical Officer, who undertook refraction sessions for school children, in July, 1966, the Regional Hospital Board has been unable to appoint a replacement and all children found to require refraction tests, have been referred to their general practitioner. In an attempt to improve this position, two of the medical officers in the department have been training in refraction work, and it is hoped that in due course, they will be approved by the Board to undertake refraction sessions for school children within the area in which they work.

The speech therapy service has continued to be staffed by part-time speech therapists who have provided the equivalent of 2.2 full-time therapists, and they have maintained a reasonably satisfactory service in most parts of the County. The present establishment for speech therapists is three full-time officers.

The scheme for the screening of the older age group of school children in a limited number of secondary schools followed by the medical examination of selected pupils has proved successful, and consideration will now be given to the possibility of extending this form of selective examination to the other secondary schools in the Riding.

Special audiometric sessions have been arranged in all parts of the County. These sessions have been undertaken mainly by school nurses who have been specially trained in the use of the audiometer, and 87 pupils who were found to have some degree of deafness, were referred to ear, nose and throat consultants for more detailed examination and investigation.

Special importance has been given to encouraging health education in schools and co-operation between the teaching staff and the school nursing staff in this sphere has increased. As a result, the number of sessions devoted to health education in schools throughout the County has been increased.

The report of the Principal School Dental Officer is included, as are also reports on physical education and the school meals service by the respective Organisers.

I am indebted to the Chairman and Members of the Committee, the Chief Education Officer and his staff and the Head Teachers for their continued encouragement and support.

Wm. FERGUSON
Principal School Medical Officer

April, 1968.

GENERAL STATISTICS

Number of Schools—Primary	167
Secondary	21
Nursery	1
Special.....	1

Number of Pupils—Primary	23,061
Secondary	13,623
Nursery	40
Special (a) From the County.....	107
(b) From other Authorities....	8
Total	<hr/> 36,839 <hr/>

Number of pupils attending schools maintained by other Authorities	1,551
Number of pupils attending special schools in other Authorities areas	91

MEDICAL INSPECTIONS

The total number of pupils submitted for routine medical examinations was 7,416 and among these were found 568 defects needing treatment and 2,871 defects requiring observation. In addition to these routine inspections, 303 special examinations were carried out and as a result 36 defects were found which required some form of medical treatment, and 91 defects were noted for which only observation was necessary. Three thousand four hundred and sixteen re-examinations were also carried out making a total of routine and special medical examinations of 10,832.

The detailed figures relating to routine medical inspections conducted during the year are shown in the table on page 21.

General Condition

The assessment of the general condition of all children examined at routine medical inspections is based on the individual opinion of each doctor. Medical Officers record the general condition of the children when examined as either “satisfactory” or

“unsatisfactory”. The results over the last ten years are shown in the following table:

Year	No. of pupils inspected	No. found in “unsatisfactory” condition	Percentage
1958	6,583	14	0.2
1959	9,627	11	0.1
1960	10,370	11	0.1
1961	9,575	6	0.06
1962	8,776	2	0.02
1963	9,251	5	0.05
1964	8,724	3	0.03
1965	8,298	2	0.03
1966	8,693	5	0.06
1967	7,416	1	0.01

WORK OF SCHOOL NURSES

The school nurses carried out regular routine health surveys in schools and paid follow-up visits where necessary. Their work also includes attendance at routine and special examinations in schools, minor ailment clinics and home visits when required.

The following tables show the total number of visits, the number of children examined, and the number found infested.

Visits to schools:	<u>1966</u>	<u>1967</u>
Number of routine health survey examination sessions	543	518
Number of health survey examinations carried out	55,740	60,607
Number of children found infested.....	427	404
Number of follow-up visits.....	91	89
Visits to homes:		
Number of homes visited.....	805	836
Number of children seen for—		
Uncleanliness	357	444
Minor ailments	116	107
General condition.....	26	18
Other reasons.....	558	503
TOTALS	<u>1,057</u>	<u>1,072</u>

The following table gives particulars of the inspections carried out over the last 10 years:

Year	Number of examinations	Number of children infested	School population	Percentage of school population infested
1958	71,802	506	31,180	1.6
1959	70,555	531	33,577	1.6
1960	67,641	362	32,786	1.1
1961	67,474	429	33,093	1.3
1962	56,797	356	33,608	1.1
1963	59,868	408	33,635	1.2
1964	62,466	567	33,899	1.7
1965	62,091	415	34,618	1.2
1966	55,740	427	35,390	1.2
1967	60,607	404	36,839	1.09

VISUAL DEFECTS AND EXTERNAL EYE DISEASES

As the Regional Hospital Board has not been able to fill the vacancy caused by the retirement of the Senior Hospital Medical Officer employed to carry out refractions for school children, all children found at school medical inspections to have defective vision, have been referred to their general practitioner for treatment at either the nearest hospital or by a local optician.

A total of 233 children were found at periodic and special medical inspections in schools to be in need of treatment for eye defects. Of these, 194 had defective vision, 33 were suffering from squint and 6 had other defects. In addition, 1,057 children were referred for observation only compared with 937 in the previous year.

ORTHOPAEDIC AND POSTURAL DEFECTS

Of the children examined at periodic medical inspections, 22 were found to require treatment because of orthopaedic defects. In addition, 223 children examined were referred for observation only as it was not considered that treatment was required at that time. Two children were also referred for treatment and four for observation from special medical examinations. Of the 24 children requiring treatment, 10 had defects of the feet and 14 had other orthopaedic defects. Twenty-one children were also admitted to the Adela Shaw Hospital, Kirbymoorside.

EAR, NOSE AND THROAT DEFECTS AND DEFECTIVE HEARING

One hundred and eighty-four children were found at routine and special medical examinations to be in need of treatment for defects of the ear, nose and throat. In addition, 590 children were referred for observation.

Special audiometric sessions were held throughout the county and 2,804 children were examined by means of the pure tone audiometer. Eighty-seven cases in which some degree of deafness was discovered were referred to ear, nose and throat consultants through the family doctor.

A part-time teacher of the deaf is employed by the Authority to visit deaf children in their homes in order to carry out assessment when necessary. In addition, all parents of deaf children were instructed by this teacher in the techniques of helping their children who are deaf or partially hearing so that the maximum use can be made of the available hearing. Where a hearing aid has been provided, parents are instructed in its use.

MINOR AILMENTS

Minor ailment sessions are mainly conducted by the school nurses who refer any case of a more serious nature to the child's family doctor or to the school medical officer.

The table below shows the number of children who attended the minor ailment clinics and the various types of defects which were treated together with the number of children who received home visits by the school nurses:

Defects	1966		1967	
	No. of children		No. of children	
	attend- ing clinics	receiving home visits	attend- ing clinics	receiving home visits
Ringworm (head)....	1	1	—	—
Ringworm (body)....	1	1	5	5
Scabies	3	2	3	5
Impetigo	13	14	34	8
Other skin diseases...	420	24	641	20
Minor eye defects....	83	20	90	10
Minor ear defects and deafness	74	15	41	6
Minor injuries, bruises, etc.....	804	39	1,292	40
Totals ...	1,399	116	2,106	94

The number of attendances for treatment of minor ailments was 4,357 compared with the previous year's figure of 3,097. In addition, 119 home visits were made to 94 children for the treatment of minor ailments.

CHIROPODY

A chiropody service has been developed for school children in the Beverley area. The inception of this service was stimulated by an outbreak of verrucas among the children in one of the larger schools in the town. A weekly foot clinic is now held by one of the Authority's full-time chiropodists to which some 61 children have made 306 visits for treatment. Fifty of these children required treatment for verrucas and 11 children received treatment for corns.

B.C.G. VACCINATION

B.C.G. vaccination against tuberculosis is available to school children over the age of 13 years and in certain instances it may be offered to children over 10 years of age. It is also available to students at University and Training Colleges.

Vaccination was offered to 2,636 children of whom 2,073 (i.e. 78·6%) accepted. A total of 1,874 children were skin tested and of these, 1,581 (i.e. 84·3%) showed a negative result and, therefore, required vaccination. Arrangements were made as far as possible for all children who had a positive skin test to be x-rayed and for this facility to be extended to the members of their families.

The following table gives the details of the B.C.G. vaccinations carried out during the past ten years:

Year	No. of school children Skin tested	Positive reactors	Negative reactors	Number vaccinated
1958	1,123	309 (26·0%)	832	767
1959	1,723	292 (16·9%)	1,423	1,408
1960	2,429	538 (22·1%)	1,876	1,848
1961	1,400	281 (20·0%)	1,085	1,085
1962	2,608	735 (28·2%)	1,844	1,767
1963	2,634	586 (22·2%)	1,938	1,907
1964	2,276	368 (16·2%)	1,839	1,838
1965	2,272	490 (21·6%)	1,741	1,726
1966	2,705	488 (18·0%)	2,151	2,137
1967	1,874	260 (13·8%)	1,581	1,573

SPEECH THERAPY

In September, a further part-time speech therapist was appointed bringing the number of therapists to eight part-time officers. One therapist, who worked only two sessions a week, left in December and at the end of the year, the total sessions provided by the remaining seven officers was equivalent to 2·2 in full-time service. The establishment is three full-time speech therapists.

A total of 256 children were referred for speech therapy, but owing to the large number of cases brought forward from the previous year, many of these have not yet been seen, and remain on the waiting list.

At the end of the year, 164 children were receiving treatment and a further 116 children had completed treatment.

One hundred and nineteen children were on the waiting list at the year end and, in addition, 95 children were on the observation list.

The following table shows the various types of speech defects treated:

Type of speech defect	No. of children receiving treatment at end of the year	No. of children whose treatment was completed
Dyslalia	122	82
Dysarthria	2	1
Cleft Palate	4	1
Retarded speech development	10	7
Stammer	18	22
Other defects	8	3
Total	164	116

HEALTH EDUCATION

The teaching staff in the secondary schools in the county undertook a considerable amount of health education using television and radio programmes for this purpose. In addition, the school nurses were frequently requested to help in this sphere, either by giving talks on specific subjects, or by taking part in discussion groups following the showing of a film or television programme. The School Medical Department has also provided specific health education sessions in a number of schools in the form of films on suitable health topics; these films are invariably followed by a period of discussion in which as many pupils as possible are encouraged to participate.

In one of the girls' high schools, the senior pupils and school nurses joined in watching a series of television programmes on sex education and after each session, the programme was discussed with the pupils and any relevant questions were answered.

INFECTIOUS DISEASES IN SCHOOLS

An outbreak of winter vomiting occurred in an infant school beginning in January and affecting 40 children out of a total of 320 in the school. The predominant symptom was the classic one of sudden projectile vomiting followed by recovery within a few hours. This outbreak covered a period of ten days.

In one of the small country schools, 10 children developed gastro intestinal symptoms and five of these children were found to have sonne dysentery. The other five children had typical symptoms of this disease but no organisms were isolated and the original source of infection was not discovered.

Two primary schools in an urban district had an outbreak of acute conjunctivitis affecting 9 children in one school and 24 children and 2 adults in the other. This infection was shown to be due to a streptococcus and cleared up quickly with the appropriate treatment.

PROVISION OF MILK AND MEALS

All milk supplied to schools was pasteurised with the exception of supplies to one village school with forty pupils where only untreated milk was available.

In the primary schools, the number of pupils taking milk was 19,108 (92·63%) compared with 18,318 (91·64%) in 1966. The number of secondary school children taking milk increased to 6,425 compared with 6,330 in 1966. There was, however, an increase in the number of pupils attending secondary schools and the percentage of pupils taking milk fell marginally from 49·69% to 49·30%.

The number of pupils taking school meals increased from 21,901 (67·29%) in 1966 to 23,874 (71·31%). The increase was most marked in secondary schools where the percentage rose from 74·86% in 1966 to 82·65%. Ten new school kitchens were opened during the year.

REPORT OF THE PRINCIPAL SCHOOL DENTAL OFFICER

During the year, one dental officer resigned from the service. A replacement for him was obtained almost immediately and the children, therefore, in this particular area were without a dental officer for only a short spell. We were fortunate in November in securing the services of a further dental officer to carry out work in the northern part of the County. This appointment will, it is hoped, result in all schools in the County receiving a visit at least annually.

The arrival of this dental officer provided problems of accommodation and a certain amount of reorganisation was necessary. A further mobile unit was required but is not expected before April, 1968.

A full establishment of dental officers has now been reached but it is not certain if the present number will provide adequate coverage.

Dental Health Education

Considerable thought and attention has been given to dental health education and the efforts of the dental auxiliary and dental hygienist have been well received. All schools were visited although not all children in the upper classes of secondary schools attended film shows.

Teachers sometimes remark that dental health should be directed to the parents. Parents are one of the categories of people to whom guidance should be given regarding the dental health of their children. The dental officers speak to parents at clinics, health visitors to parents at home and the dental auxiliary and hygienist address Parent/Teacher Associations, Relaxation Classes and other bodies. In a variety of ways, parents are informed but this does not mean that we can neglect directing talks to the children. All must appreciate the value of a healthy mouth.

Fluoridation of water supplies hangs fire. Minute amounts of fluoride, for example, 0·15 parts per million have been found in the

water supplies in the southern part of the County. This figure is typical for water supplies in other parts of the County and it is far short of the one part per million recommended. The children's teeth await this additional 0·85 part per million of fluoride which would greatly strengthen them against the inroads of caries.

Dental Inspection and Treatment

One hundred and ninety sessions were devoted to inspections, that is, two more than the previous year. Fifty-six per cent of those inspected required treatment, yet approximately one thousand fewer children were inspected.

There was a significant increase in the number of children re-inspected. At some clinics, a recall system has been established and this enables a certain number of children to receive further inspections during the year without carrying out a full school inspection. It is hoped more children will be incorporated in this scheme.

Generally, the younger age group—ages 5 to 9—received a greater share of the treatment. In this group, more fillings in deciduous and permanent teeth and fewer extractions of permanent teeth compared with the previous year were carried out. On the debit side, more deciduous teeth were extracted with a consequent rise in the number of general anaesthetics.

Over all age groups, the number of fillings in permanent teeth topped the ten thousand mark while fillings in deciduous teeth, occurring mostly in the 5 to 9 age group, showed an increase of 1,077. Seven hundred and forty more courses of treatment were completed. The dental officers made a larger contribution to the number of general anaesthetics given.

Although there was more efficient coverage of the County, emergencies increased in number. This is not altogether surprising as many of these children have not been receiving treatment either under the School Dental Service or under the General Dental Service. Secondary school children, who have only a remote interest in maintaining a healthy mouth, form a small number of these emergencies but the majority are in the school entry age group. Earlier recognition by parents of the need for dental inspection would, perhaps, help to lower the incidence. Parents are encouraged to bring their children for inspection by the age of three but it is felt that much more use could be made of this service.

The number of dentures, particularly in the 10 to 14 age group, showed a reduction and altogether, twelve fewer dentures were supplied.

With regard to orthodontic treatment, the case load remained similar but it is regrettable that it has not been found possible noticeably to reduce the number of cases discontinued.

The increase in the number of patients for prophylaxis denotes the part played by the dental hygienist in the treatment of the children. Fewer cases were referred to hospital for either orthodontic or surgical purposes. I am indebted to the consultants who saw these children.

General

Two dental units were installed, one of which replaced an old model. All surgeries are now of a high standard regarding equipment but not all buildings are of the same standard. It is to be hoped that clinics will be incorporated in early building programmes.

The operation of the mobile dental units throughout the winter months still presents a problem. When there are periods of severe weather the heating in most mobiles remains on overnight and as a further safeguard, pipes are drained as far as possible. Nevertheless, freezing up does sometimes occur and damage is done to equipment with inevitable loss of clinical time. To lay up the mobiles during the winter months would not be feasible because of the geography of the County, the location of clinics and the school populations attending these clinics.

A further batch of schools was provided with outside wall connections for the mobiles and it is expected that within two years, all schools visited by mobiles will have suitable electrical and water facilities. Careful siting for the mobiles at schools would help to make them less vulnerable to the vagaries of the weather.

As in previous years, I wish to thank all those who have contributed to the dental welfare of the children.

G. R. SMITH,
Principal School Dental Officer.

CHILD GUIDANCE CLINIC

The clinic continued to be fully staffed throughout the year but owing to the prolonged illness of the medical officer it was not possible on many occasions to hold the usual eight sessions each week.

During the year, the overall number of cases referred to the clinic fell by 10% i.e. 125 cases compared with 139 in 1966.

The number of cases referred by head teachers increased by 28% but there was a corresponding decrease of 40% in referrals from medical sources. It may be that the recent establishment of outpatient hospital clinics accounts for this reduction in the number of cases referred by school medical officers and general practitioners.

Three hundred and sixty-three clinic sessions were held and the Educational Psychologist and social workers made 218 visits to schools and 229 home visits. One hundred and twenty-five children were referred to the clinic from the following sources:

Educational	45
Medical	47
Parent	21
Social agency	12
	<hr/>
Total	125
	<hr/>

The following table is a summary of the main types of cases examined by the clinic staff:

Habit disorders	13
Nervous disorders	4
Behaviour disorders	96
Educational	11
Others	1
Total	<u>125</u>

In addition to the cases referred in 1967, a total of 98 cases were carried forward from 1966 making a total case load of 223 children. Out of this total case load, 55 children attended regularly for treatment and 135 cases were closed during the year. A summary of these is given below. At the end of the year, 61 children were being seen by the clinic staff and 27 cases were on the waiting list.

Cases Closed

Improved or completed (advice or treatment).....	93
Placement (Special School, Children's Homes, etc.)...	3
Not followed up (lack of co-operation, parents refused treatment, etc.).....	29
Transfer to other area or agency.....	10
Total	<u>135</u>

Cases seen at the clinic for the first time were, after diagnosis, placed into the following broad categories according to the type of problem and further clinic work that they would require:

Clinic Advisory	School Advisory	Home Advisory	Not followed up
77	13	2	16

ENURETIC CLINIC

A total of 32 cases were referred to this clinic mainly from infant welfare centres or by medical officers following school medical inspections. A few cases were referred by general practitioners and consultant paediatricians. Thirty-five cases were also brought forward from the previous year.

No. of attendances made.....	132
No. of cases completed.....	28
No. of uncompleted cases.....	21
No. of children on the waiting list.....	8
No. of children who failed appointments.....	10

HANDICAPPED PUPILS

Under Section 34 of the Education Act, 1944, it is the duty of Local Education Authorities to ascertain which children in their areas require special educational treatment. These children are usually reported to school medical officers by head teachers or are found at medical inspections. The total number of children ascertained as handicapped during the year was 77 and the following table shows the results of these examinations and the various recommendations.

Category	Recommended for education in special schools	Recommended for education in prim./sec. schools	Home Tuition
Blind	—	—	—
Partially Sighted	1	1	—
Deaf	3	—	—
Partially Hearing	3	4	—
Educationally Sub-normal.....	23	8*	—
Epileptic	—	—	—
Maladjusted	4	—	—
Physically Handicapped	6	12	2
Speech	—	—	—
Delicate	6	4	—
Totals	46	29	2

*Included in this figure are 7 children who were recommended for admission to a special class for educationally sub-normal children in an ordinary school.

The total number of children on the Register of Handicapped Pupils at the 31st December, 1967, is shown in the following table:

Category	Recommended for education in special schools			Not recommended for education in special schools		Totals		
	Attending Special schools	Attending prim./sec. schools	Not attending school	Attending prim./sec. schools	Not attending school	Boys	Girls	Total
Blind	2	—	1	—	—	1	2	3
Partially-sighted	8	1	—	4	—	10	3	13
Deaf	13	—	—	—	—	9	4	13
Partially-hearing	17	2	2	18	—	17	22	39
Educationally Sub-normal ...	111	56	—	93	1	146	115	261
Epileptic	3	1	1	5	—	5	5	10
Maladjusted	9	7	1	—	—	11	6	17
Physical.....	25	5	2	42	3	38	39	77
Delicate.....	10	6	—	30	—	28	18	46
Speech.....	—	1	—	—	—	1	—	1

Details of handicapped pupils admitted to and discharged from special schools during the year are as follows:

Category	Special School	Maintained 31.12.66	Admitted during 1967	Discharged during 1967	Maintained 31.12.67
Blind and partially-sighted	Wold Road, Hull	4	1	1	4
	Condover Hall, Shrewsbury ..	1	—	—	1
	St. Vincent's School, Liverpool	2	—	—	2
	Royal College for the Blind, Shrewsbury	1	—	—	1
	Northfield Open Air, York ..	—	2	—	2
Deaf and partially-hearing	St. John's School, Boston Spa	2	—	—	2
	Yorks. Res. School, Doncaster	8	1	—	9
	Sutton School, Hull	9	6	1	14
	Burwood Park, Walton-on- Thames	1	—	—	1
	Elmete Hall, Leeds	3	1	2	2
	Northern Counties School....	1	—	1	—
	Partially-hearing Unit, York ..	1	1	—	2
Educationally sub-normal	Etton Pasture, Beverley	99	21	15	105
	Teskey-King School, Hull....	4	—	—	4
	Woodlands School, Scarborough	1	1	—	2
Epileptic	Sedgwick House, Kendall	4	—	1	3
Physical	Frederick Holmes School, Hull	12	4	—	16
	Welburn Hall, Kirbymoorside	6	1	3	4
	Bradstock Lockett, Southport	1	—	—	1
	Hospital School, Southport ..	1	—	—	1
	Irton Hall, Holmrook	1	—	—	1
	Adela Shaw Hospital School, Kirbymoorside	1	—	—	1
	Langley Res. School, Baildon	—	1	—	1
	.				
Maladjusted	Etton Pasture, Beverley	3	—	1	2
	Shotton Hall, Shrewsbury ...	1	—	—	1
	Fairfield Hospital School	1	—	—	1
	Edith Edwards House School, Banstead	1	—	—	1
	Chelfham Mill School, near Barnstable	—	1	—	1
	St. Mary's School, Bexhill-on-sea	—	1	—	1
	Edward Rudolph Memorial School, London	—	1	—	1
	Breckenborough School, Thirsk	—	1	—	1
	.				
Delicate	Ingleborough Hall	2	—	1	1
	Netherside Hall, Skipton	1	—	1	—
	Northfield Open Air, York....	1	1	—	2
	Welburn Hall, Kirbymoorside	3	2	1	4
	Linton Residential School, Skipton	2	1	—	3

The number of children attending special schools during the past ten years is as follows:

	Blind and partially- sighted	Deaf and partially hearing	Educ. Sub- normal	Epileptic	Malad- justed	Physically handi- capped	Delicate
1958	7	19	90	—	1	15	5
1959	6	23	85	1	2	15	3
1960	7	19	84	1	2	12	5
1961	6	17	92	1	3	13	4
1962	8	15	87	1	6	16	8
1963	9	14	89	4	7	19	9
1964	10	20	96	2	7	18	9
1965	7	23	99	4	7	18	14
1966	8	25	104	4	6	22	9
1967	10	30	111	3	9	25	10

SPECIAL ASCERTAINMENT EXAMINATION

The school medical officers specially examined 57 children and the results of these examinations are shown in the following table:

Recommended for notification to the Local Health Authority under Section 57(4)	11
Recommended for admission to a residential school for educationally sub-normal children.....	23
Recommended for admission to a day special class in an ordinary primary school.....	7
Recommended to remain at ordinary school.....	1
Recommended for remedial teaching.....	3
Not educationally sub-normal.....	5
Decision deferred.....	2
Re-examinations	5
Total	57

PHYSICAL EDUCATION

The past year saw the usual programme of physical education carried out in primary and secondary schools, and a wide variety of activity took place during and out of school hours. In addition to physical education lessons, athletics, cricket, football, hockey, rounders and dancing were enjoyed at school level, and some at County level.

Many of these activities were carried over to youth club programmes and members had the opportunity to link up their camping and walking with the Duke of Edinburgh's Award Scheme. Some of these youth club members met H.R.H. The Duke of Edinburgh who visited the East Riding on 31st May, to see a recruitment and publicity day for his award scheme at South Holderness County Secondary School. The Duke of Edinburgh later sent a message saying he was well pleased with the work which was going on in the East Riding.

Middlehead Farm, situated in the North Yorkshire Moors National Park, has been adapted by voluntary youth club labour as a base for outdoor pursuits including camping, fell walking, orienteering and field studies. It is essentially a camp site with rudimentary indoor accommodation for use in bad weather, comprising a kitchen, small dining room and toilets. It was well used last year by youth organisations at weekends and by school groups midweek.

During 1967 it was possible to provide swimming instruction for more children than ever before. Children from 127 schools attended swimming baths during school time. Three more headmasters launched money-raising appeals during 1967 to provide swimming pools for their schools. When completed, these will also be used by other schools in their vicinity.

The demand for youth club and evening institute classes in physical recreation was greater than ever; a total of 236 classes was arranged during the year.

HYGIENE IN SCHOOL PREMISES

Forty-nine reports on the sanitary conditions of schools have been made by the Medical Officers and any defects have been brought to the notice of the Chief Education Officer.

MEDICAL EXAMINATION OF CANDIDATES FOR ADMISSION TO TRAINING COLLEGES, ETC.

A total of 303 candidates for admission to training colleges and 36 entrants to the teaching profession were examined by the medical staff of the school health service.

CO-OPERATION WITH TEACHERS, SCHOOL WELFARE OFFICERS AND VOLUNTARY BODIES

I should like to thank all teaching staff for their co-operation and assistance in connection with medical and dental inspections in schools. I also wish to record my appreciation of the help given by the school welfare officers.

CLINICS

At the end of the year the following clinics were being held:

Type of clinic	Location	Frequency of sessions
A. Minor Ailment and other non-specialist examinations and treatment	Anlaby Clinic	2 sessions weekly
	Beverley School Clinic, Lord Roberts Road	5 sessions weekly
	Beverley Longcroft C.S. School	2 sessions weekly
	Bridlington School Clinic, Oxford Street	5 sessions weekly
	Cottingham Clinic	2 sessions weekly
	Etton Pasture (E.S.N.) School	3 sessions weekly
	Hessle C.E. Infants School	2 sessions weekly
	Hessle, Penshurst School	2 sessions weekly
	South Holderness C.S. School	2 sessions weekly
B. Dental *	Anlaby Dental Clinic	10 sessions weekly
	Beverley Dental Clinic	8 sessions weekly
	Bridlington Dental Clinic	10 sessions weekly
	Driffeld Dental Clinic	4 sessions weekly
	Pocklington Dental Clinic	4 sessions weekly
	Withernsea Dental Clinic	4 sessions weekly
C. Speech Therapy	Anlaby Clinic	1 session fortnightly
	Beverley Clinic, (County Hall)	1 session weekly
	Beverley, Coltman Avenue Clinic	1 session weekly
	Bridlington, Hilderthorpe Infants School	1 session weekly
	Bridlington, Oxford Street Clinic	2 sessions weekly
	Brough C.P. School	1 session weekly
	Cottingham Clinic	1 session weekly
	Driffeld Clinic	2 sessions weekly
	Fulford C.S. School	1 session weekly
	Hessle C.E. Junior School	1 session weekly
	Hessle C.E. Infants School	1 session weekly
	Hessle Penshurst School	1 session fortnightly
	Hornsea County Library	1 session weekly
	Norton C.P. School	1 session weekly
	Pocklington Clinic	1 session weekly
	South Holderness C.S. School	1 session weekly
	Withernsea High School	1 session weekly
D. Ultra Violet light	Beverley School Clinic, Lord Roberts Road	As required
E. Enuretic	Child Guidance Clinic	1 session weekly
F. Chiropody	Beverley School Clinic, Lord Robert's Road	1 session weekly

*In addition six mobile clinics were in use.

MEDICAL INSPECTION RETURNS

YEAR ENDED 31ST DECEMBER, 1967

MEDICAL INSPECTION OF PUPILS ATTENDING MAINTAINED PRIMARY AND SECONDARY SCHOOLS (INCLUDING NURSERY AND SPECIAL SCHOOLS)

PERIODIC MEDICAL INSPECTIONS

Age groups inspected (by year of birth)	Number of pupils inspected	Physical condition of pupils inspected		No. of pupils screened but not examined
		Satisfactory	Unsatisfactory	
(1)	(2)	(3)	(4)	(5)
1963 and later	249	249	—	—
1962	2,075	2,075	—	—
1961	1,427	1,427	—	—
1960	591	591	—	—
1959	63	62	1	—
1958	20	20	—	257
1957	719	719	—	207
1956	563	563	—	174
1955	153	153	—	70
1954	12	12	—	—
1953	1,385	1,385	—	451
1952 and earlier	159	159	—	—
Totals	7,416	7,415	1	1,159

Percentage of total inspected found to be unsatisfactory—0·01 %.

PUPILS FOUND TO REQUIRE TREATMENT AT PERIODIC MEDICAL INSPECTIONS

(excluding dental diseases and infestation with vermin)

Age groups inspected (By year of birth)	For defective vision (excluding squint)	For other conditions	Total individual pupils
(1)	(2)	(3)	(4)
1963 and later	2	2	4
1962	45	157	189
1961	30	70	91
1960	12	49	57
1959	2	5	7
1958	1	1	2
1957	18	30	48
1956	17	23	40
1955	7	4	11
1954	—	—	—
1953	40	46	83
1952 and earlier	7	—	7
Totals	181	387	539

TREATMENT OF PUPILS ATTENDING MAINTAINED
PRIMARY AND SECONDARY SCHOOLS
(INCLUDING NURSERY AND SPECIAL SCHOOLS)

EYE DISEASES, DEFECTIVE VISION AND SQUINT

	Number of cases known to have been dealt with
External and other, excluding errors of refraction and squint . . .	6
Errors of refraction (including squint)	326
	<hr/>
Total	332
	<hr/>
Number of pupils for whom spectacles were prescribed	—

DISEASES AND DEFECTS OF EAR, NOSE AND THROAT

	Number of cases known to have been dealt with
Received operative treatment—	
(a) For diseases of the ear	4
(b) For adenoids and chronic tonsillitis	45
(c) For other nose and throat conditions	5
Received other forms of treatment	12
	<hr/>
Total	66
	<hr/>
Total number of pupils in schools who are known to have been provided with hearing aids—	
(a) in 1967	2
(b) in previous years	7

ORTHOPAEDIC AND POSTURAL DEFECTS

	Number of cases known to have been treated
(a) Pupils treated at clinics or out-patients departments	23
(b) Pupils treated at school for postural defects	—
	<hr/>
Total	23
	<hr/>

DISEASES OF THE SKIN (excluding uncleanliness)

	Number of cases known to have been treated
Ringworm—	
(a) Scalp	—
(b) Body	10
Scabies	8
Impetigo	42
Other skin diseases	661
	<hr/>
Total	722
	<hr/>

CHILD GUIDANCE TREATMENT

	Number of cases known to have been treated
Pupils treated at Child Guidance Clinics	55

OTHER INSPECTIONS

Number of special inspections.....	303
Number of re-inspections.....	3,416
Total.....	<u>3,719</u>

INFESTATION WITH VERMIN

(a) Total number of individual examinations of pupils in schools by the school nurses or other authorised persons.....	60,607
(b) Total number of individual pupils found to be infested.....	404
(c) Number of individual pupils in respect of whom cleansing notices were issued (Section 54 (2), Education Act, 1944).....	5
(d) Number of individual pupils in respect of whom cleansing orders were issued (Section 54 (3), Education Act, 1944).....	—

DEFECTS FOUND BY PERIODIC AND SPECIAL MEDICAL INSPECTIONS DURING THE YEAR

N.B.—The symbol 'T' indicates need for treatment and 'O' indicates need for observation.

Defect or Disease	Periodic Inspections								Special Inspection	
	Entrants		Leavers		Others		Total			
	(T)	(O)	(T)	(O)	(T)	(O)	(T)	(O)	(T)	(O)
Skin	5	57	10	17	1	15	16	89	8	8
Eyes—										
a. Vision	87	431	39	308	55	199	181	938	13	53
b. Squint	33	82	—	9	—	13	33	104	—	—
c. Other.....	4	8	—	6	2	1	6	15	—	—
Ears—										
a. Hearing	69	169	11	9	30	31	110	209	7	6
b. Otitis Media	2	71	1	1	2	4	5	76	—	1
c. Other.....	1	3	3	—	2	4	6	9	—	—
Nose and Throat.	28	225	4	23	21	41	53	289	3	2
Speech.....	37	84	—	4	11	6	48	94	1	2
Lymphatic Glands	—	46	—	4	1	7	1	57	—	—
Heart.....	4	60	—	11	2	13	6	84	—	2
Lungs	5	105	—	19	2	26	7	150	—	2
Developmental—										
a. Hernia	5	10	1	—	4	—	10	10	—	—
b. Other	5	72	1	3	5	19	11	94	1	1
Orthopaedic—										
a. Posture	—	17	—	5	—	11	—	33	—	1
b. Feet.....	4	101	3	10	2	22	9	133	1	1
c. Other.....	5	36	5	11	3	10	13	57	1	2
Nervous System—										
a. Epilepsy	1	11	—	4	1	4	2	19	—	—
b. Other	1	14	—	7	2	7	3	28	—	—
Psychological—										
a. Development	—	52	—	7	1	18	1	177	—	5
b. Stability	7	130	1	28	13	42	21	200	—	2
Abdomen	2	23	3	5	1	9	6	37	1	1
Other.....	13	23	2	18	5	15	20	56	—	2

SPEECH THERAPY

	Number of cases known to have been treated
Pupils treated by speech therapists.....	278

OTHER TREATMENT GIVEN

	Number of cases known to have been dealt with
(a) Pupils with minor ailments.....	2,200
(b) Pupils who received convalescent treatment under School Health Service arrangements.....	—
(c) Pupils who received B.C.G. vaccination.....	1,573
(d) Other than (a), (b) and (c) above Chiropody.....	61
Total	3,834

SCREENING TESTS OF VISION AND HEARING

1. (a) Is the vision of entrants tested as a routine within their first year?	<table><tr><td>YES</td><td>NO</td></tr><tr><td>✓</td><td></td></tr></table>	YES	NO	✓																			
YES	NO																						
✓																							
(b) If not, at what age is the first routine test carried out?																							
2. At what age(s) is vision testing repeated during a child's school life?	<table><tr><td>6</td><td>7</td><td>8</td><td>9</td><td>10</td><td>11</td><td>12</td><td>13</td><td>14</td><td>15</td><td>16</td></tr><tr><td></td><td>✓</td><td></td><td></td><td>✓</td><td></td><td>✓</td><td></td><td>✓</td><td></td><td></td></tr></table>	6	7	8	9	10	11	12	13	14	15	16		✓			✓		✓		✓		
6	7	8	9	10	11	12	13	14	15	16													
	✓			✓		✓		✓															
3. (a) Is colour vision testing undertaken?	<table><tr><td>YES</td><td>NO</td></tr><tr><td>✓</td><td></td></tr></table>	YES	NO	✓																			
YES	NO																						
✓																							
(b) If so, at what age?	14 years																						
(c) Are both boys and girls tested?	<table><tr><td>BOYS</td><td>GIRLS</td></tr><tr><td>✓</td><td></td></tr></table>	BOYS	GIRLS	✓																			
BOYS	GIRLS																						
✓																							
4. (a) By whom is vision testing carried out?	Health Visitors and School Nurses																						
(b) By whom is colour vision testing carried out?	Health Visitors and School Nurses																						
5. (a) Is routine audiometric testing of entrants carried out within their first year at school?	<table><tr><td>YES</td><td>NO</td></tr><tr><td></td><td>✓</td></tr></table>	YES	NO		✓																		
YES	NO																						
	✓																						
(b) If not, at what age is the first routine audiometric test carried out?	<table><tr><td>7</td></tr></table>	7																					
7																							
(c) By whom is audiometric testing carried out?	Health Visitors and School Nurses																						

DENTAL INSPECTION AND TREATMENT CARRIED OUT
BY THE AUTHORITY

1. ATTENDANCES AND TREATMENT	Ages 5-9	Ages 10-14	Ages 15 and over	Total
First Visit.....	3,227	2,566	443	6,236
Subsequent visits.....	3,508	3,900	681	8,089
Total visits	6,735	6,466	1,124	14,325
Additional courses of treatment commenced	179	150	24	353
Fillings in permanent teeth	2,995	5,743	1,313	10,051
Fillings in deciduous teeth.....	3,850	241	—	4,091
Permanent teeth filled.....	2,322	4,815	1,117	8,254
Deciduous teeth filled.....	3,469	223	—	3,692
Permanent teeth extracted	90	558	88	736
Deciduous teeth extracted	3,126	706	—	3,832
General anaesthetics.....	813	304	20	1,137
Emergencies	188	66	4	258

Number of Pupils x-rayed	236
Prophylaxis	2,076
Teeth otherwise conserved.....	654
Number of teeth root filled	16
Inlays	4
Crowns	22
Courses of treatment completed.....	6,041

2. ORTHODONTICS

Cases remaining from previous year	106
New cases commenced during year	100
Cases completed during year.....	58
Cases discontinued during year	22
No. of removable appliances fitted	154
No. of fixed appliances fitted	2
Pupils referred to Hospital Consultant ...	3

3. PROSTHETICS

	Ages 5-9	Ages 10-14	Ages 15 and over	Total
Pupils supplied with F.U. or F.L. (first time).....	—	1	—	1
Pupils supplied with other dentures (first time).....	—	8	11	19
Number of dentures supplied	—	9	13	22

4. ANAESTHETICS

General Anaesthetics administered by Dental Officers .. 515

5. INSPECTIONS

(a) First inspection at school—number of pupils..... 23,961
(b) First inspection at clinic—number of pupils..... 921
Number of (a) + (b) found to require treatment..... 14,129
Number of (a) + (b) offered treatment 13,794
(c) Pupils re-inspected at school or clinic 557
Number of (c) found to require treatment 328

6. SESSIONS

Sessions devoted to treatment..... 3,325
Sessions devoted to inspection 190
Sessions devoted to Dental Health Education 246



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